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NOTIFICATION

In exercise of the powers conferred by sub-section (1) of section 33 of the Mizoram Nursing Council (Registration) Act, 1990, the Council hereby make the following Bye-Laws, namely :-

CHAPTER - I

PRELIMINARY

1. SHORT TITLE AND COMMENCEMENT

(1) These Bye-Laws may be called the Mizoram Nursing Council Bye-Laws 1993 for Registered Nurses, Midwives, Nurse-Midwives, Health Visitors, Auxiliary Nurse-Midwives and Health Workers.

(2) They shall come into force on the date of the publication in Mizoram Gazette.

2. DEFINITIONS

In these Bye-Laws, unless the context otherwise requires,-

(1) "Auditor" means person(s) appointed under article 149, Chapter XIX o this Bye-Laws;

(2) "Bank" means the State Bank of India, Aizawl Branch, Mizoram, Aizawl.

(3) "Council" means the Mizoram Nursing Council constituted under the sub-section (1) of section 4 of the Act;

(4) "Council Authority" means the President or any other Officer authorised by the Council on his behalf.

(5) "Disbursing Officer" means the disbursing Officer of the Nursing Council as authorised by it;

(6) "Executive Committee" means the Council members constituted under the Act;

(7) "Form" means a form appended to these Bye-Laws;

(8) "Fund" means the Mizoram Nursing Council Fund as referred to under article 139 (1)&(2) Chapter XIX of this Bye-Laws.

(9) "Government" means the Government of Mizoram;

(10) "Member" means a member of the Nursing Council or of any committee or sub committee constituted under the Act, not being a person in the services of the Government of Mizoram or the Nursing Council;

(11) "Non-recurring expenditure" means the expenditure sanctioned as lump sum or by instalments;

(12) "Period of stay on duty" means the period during which a member stays at a place where a meeting of the Nursing Council or a sitting of a committee where he has to stay for any business connected with his duty as a member;

(13) "President" means the President of Nursing Council;

(14) "Qualifying Examination" means

(a) an examination held by the Council, or

(b) an examination conducted by the University established by law in the State of Mizoram or by an authority approved and recognised by the Council which in opinion of the Council is held in conformity with the rules prescribed for the correspondence examination held by the Council;

(15) "Re-appropriation" means the transfer of funds from one primary unit of appropriation to another such unit;

(16) "Recurring expenditure" means the expenditure which is continuing and is incurred at period intervals, and includes every expenditure other than non-recurring expenditure;

(17) "Registered Person" means a person whose name is entered in the register under section 13 of the Mizoram Nursing (Registration) Act, 1990;

(18) "Registrar" means the Registrar appointed by the Council under Bye-Laws;

(19) "Rule" means a rule of the Mizoram Nurses, Midwives, Nurse-Midwives, Health Visitors, Auxiliary Nurse-Midwives and Health Workers Rules.

Words and expressions not defined in these Bye-Laws but defined in the Act or the rules shall have the meaning assigned to them in the Act or the rules as the case may be.

CHAPTER-II

COURSE OF TRAINING

AUXILIARY NURSE-MIDWIFERY COURSE/HEALTH WORKER COURSE

3. The Course shall be known as the Revised Auxiliary Nurse-Midwifery Course/ Health Worker Course. The examination shall be conducted under the Mizoram Nursing Council.

4. The training programme shall be conducted in a district hospital, primary health centre or health institution having facilities. The training programme shall fit into Higher Secondary Education system (10+2+3) and students may be allowed to appear at the Higher Secondary Education. General Education blended with specific vocational training would not only strengthen capabilities of the proposed health worker but provide a foundation for tertiary level of education that could enhance employment prospect and increase opportunities for career advancement.

5. OBJECTIVES

(a) GENERAL OBJECTIVES :

At the end of the training programme, the students shall be able to demonstrate ability to plan and carry out job responsibilities assigned to her/him unde the Multipurpose Worker's scheme.

(b) SPECIFIC OBJECTIVES :

The student shall demonstrate ability to :

(i) Explain the principles of healthful living related to all age group in the community.

(ii) Perform basic health care activities in community and institutional setting.

(iii) Plan and carry out nutrition and health education activities in the home, clinic, school and community.

(iv) Provide basic maternal and child health care including immunisation services, family health care and family planning services.

(v) Perform basic midwifery procedure and basic nursing techniques with special emphasis on domiciliary and home nursing procedures.

(vi) Participate in prevention and control of communicable diseases; assist in execution of national health programmes; promote village and environmental sanitation; perform basic nursing techniques.

(vii) Provide first aid and emergency nursing care, Elementary Medical care including treatment of minor ailments.

(viii) Participate as a responsible member of the health team.

(ix) Identify community resources which could be untilised for health promotion, health maintenance and prevention of diseases.

(x) Assist in the training of community/village level health workers.

(xi) Promote community development activities.

6. ENTRANCE REQUIREMENTS

(1) AGE : The minimum age at the time of admission will be 16 years. The upper age limit is 25 years.

(2) EDUCATION : The minimum educational requirement for admission shall be High School Leaving Certificate passed or a recognised equivalent public examination.

(3) HEALTH : Admission shall be subject to a satisfactory medical report by medical board set up by the School concern.

(4) DURATION : The duration of the course shall be one and half year.

(5) MARITAL STATUS : Only unmarried shall be eligible for admission.

7. INSTRUCTIONAL HOURS

Total instructional hours for vocational training - 1350 hours 30 hours per week x 45 weeks (For study of vocational subjects and vocation-relate science subjects; includes theory, practical supervised field work and training). Total instructional hours for general education subjects for Higher Secondary Board Examination - Optional - 30 hours per week x 15 weeks -450 hours (includes study of languages, General studies and basic sciences, e.g. - Physics, Chemistry, Mathematics/Biology as specified by the Higher Secondary Board. Total hours for Clinical/field experience - 1560 hours.

Time distribution (in weeks, 1 week = 30 instructional 1 hour)

Orientation	— 1 week	45 weeks for distribution of formal instructional hours.
Classes	— 24 weeks	
Supervised practical/ — field	— 20 weeks	

Clinical/field experience (40 hours per week)	— 24 weeks	33 weeks
Examinations and Preparatory leave	— 3 weeks	
Vocational & Holidays	— 6 weeks	
	Total :	78 weeks

including instructional hours for teaching –

Physics	– 30 hours
Chemistry	– 30 hours
Mathematics/Biology	– 30 hours

To be eligible for 12 years Higher Secondary Examination additional course in language, general studies and science will have to be completed as required by the Board of Higher Secondary Education.

8. ADMINISTRATION OF SCHOOL

(1) ADMINISTRATIVE HEAD : A principal Nursing Officer/Head of the Institute should be appointed as administrative head of the School, training centre, or training section and shall be the drawing and disbursing Officer.

(2) BUDGET : Regular budgetary allocation should be made by the respective Institution.

(3) STAFF : For not more than 30 students or less, the following full time staff is required.

TEACHING CLASS AND FIELD	
Principal Nursing Officer	— 1
Public Health Nurse Tutor	— 2
Nursing Tutor/Sister Tutor	— 2
Senior Sanitarian	— 1
Social Science Instructor	— 1

Additional teaching staff would be required to assist teaching and field supervision when number of students exceeds 30. One Public Health Nurse or Nursing Tutor/Sister Tutor should be appointed for every additional 15 students.

(4) ADDITIONAL STAFF :

(a) Stenographer	— 1
(b) UDC cum-cashier accountant	— 1
(c) LDC cum typist	— 1
(d) Librarian	— 1
(e) Asstt. Librarian	— 1
(f) Laboratory Attendant	— 1

(g) Chowkiders — 4 (2 for female hostel, 2 for male hostel)
(h) Driver 1 for each vehicle
(i) Cleaner — 2
(j) Peons — 3
(k) Sweepers — 3
(l) Duplicating machine operator — 1
(m) Provision to be made for having relieving staff in addition to regular staff according to rules.

(5) TRANSPORT : The following facilities for transport of staff and students will be required for implementation of the training programme.

Bus — 1
Gypsy/Jeep — 1
Scooter — 2

(6) TEACHING FACILITIES : The following facilities would be required for recognizing the training programme:

(a) Adequate classrooms to accomodate the existing batch of candidates at a time with standard classroom equipment such as black/green board, bulletin board etc. The room shall be well ventilated with proper lighting system with toilet facilities;

(b) One demonstration cum laboratory room;
(c) One reading room cum library;
(d) Two Office rooms, storage space for records, equipments;
(e) Equipment for teaching nursing and midwifery procedure;
(f) Books and Journals;
(g) Audio-Visual aids, charts, models, kids;
(h) Auditorium;
(i) Admission Committee : The Principal of the School shall form a selection committee for which she/he is a chairperson.

(7) FIELD/TEACHING LABORATORY/CLINICAL FACILITIES : Field practice and experience shall be provided through arrangements with a variety of health agencies, community facilities and hospitals. All rural experience shall be residential and shall be at the Primary Health Centre. The Primary Health Centre selected for the purpose shall be recognised by the Council.

Affiliation with schools and other institution shall be considered when training centre/school lacks adequate facilities for providing appropriate learning experience.

The selection of facilities shall be consistent with educational needs of student and instructional objectives.

9. RESIDENTIAL FACILITIES

(1) Each training centre shall have provision for accommodating at least 60 students at a time in the hostel with –

(a) furnished single and double rooms for students;
(b) kitchen, dinning hall, pantry, store room;
(c) bathing and toilet facilities;
(d) study room,
(e) common room/recreation room, and
(f) visitors room,

(2) The hostel must adequately furnished, have electricity and running water facilities.

(3) There shall be provision for both outdoor and indoor recreation.

(4) Each training centre shall have quarters for providing accommodation to teaching staff.

10. HEALTH AND COUNSELLING SERVICE :

(1) Health Services shall be provided for students. This shall include an annual health checkup, immunisations, attention to minor ailments and defects and medical care during illness,

(2) A health record shall be maintained for each student.

(3) Personal counselling, student guidance and advice on extra-curricular activities shall be provided by the staff of the Training Centre/Schoo and hostel.

11. HOSPITAL

(1) SIZE : There shall be at least 75 beds with daily 50 in patients o ifferent states of illness in the following clinical areas, namely –

(a) Medical
(b) Surgical
(c) Gynaecological
(d) Paediatrics and
(e) Obstetrics

(2) DISTRIBUTION OF BEDS : There shall be at least fifteen beds for medical patients, fifteen beds for surgical patients, ten beds for gynaecology and ten beds for children. On the midwifery side there shall be at least 25 beds with a record of at least 200 deliveries per year. There shall be provision for training in antenatal clinics and family welfare clinics.

(3) EQUIPMENTS AND SUPPLY : There shall be at least six sheets of such quality of linen per adult patient as may give satisfactory nursing care to all patients. There shall be sufficient epuipment in the wards, labour room, operating theatre and set trays for giving effective nursing care, wherever the students are receiving clinical training.

(4) AFFILIATION : When all the required clinical training can not be provided in the parent hospital and the school has to be affiliated to another institution, necessary arrangements shall be made with the consent of the Council.

(5) RESIDENCE AND CITIZENSHIP : A candidate desiring admission to this course shall be a citizen of India and a resident of Mizoram uninterruptedly for at least two years immediately preceding the date of application for admission to a Training Centre.

Candidate for admission from other nationality state shall be sponsored by the Central Government/State Government.

(6) REGISTRATION AS A STUDENT : A candidate on admission in any of the recognised or approved institutions for the course shall apply to the Registrar in the prescribed Form I (A) as given at the end of this Chapter together with a fee of Rs. 10.00 per registration of her/his name as a student in the Mizoram Nursing Council. On registration every student shall be alloted a student registration number which shall be quoted in all application forms and in all correspondence regarding that student.

12. COUNCIL EXAMINATION

(1) The examination for Auxiliary Nurse Midwifery/Health Worker shall be semester system and the State Nursing Council shall conduct all the semester examinations. A semester is approximately half an academic year. Semester examinations shall be held in the month of May and November. There shall be practical and written examination at the end of each semester.

(2) Placement of subjects to each semester and distribution of marks are as shown below :-

(3) Placement of subjects to each semester and distribution of marks for ANM/HW

Paper	Name of subects	Theory hours	Practical/Lab. field/Clinical instructional hours	Theory and practical hours	Grand Total	Marks			Duration of examination in hours.	REMARKS
						Total Marks	Internal Marks	External Marks		
1	2	3	4	5	6	7	8	9	10	11

FIRST SEMESTER

I.		SCIENCE								
(a)		Anatomy and Physiology	60	30	90	120	100	25	75	3
(b)		Microbiology	15	15	30					
II.	(c)	Psychology	30	30	60	120	100	25	75	3
	(d)	Sociology	30	30	60					
III.	(e)	Hygiene	30	30	60	120	100	25	75	3
	(f)	Nutrition	30	30	60					
					= 360					

FUNDAMENTALS OF NURSING I

(a)	Introduction to Nursing	15	15	30						Introduction to nursing marks has been increased into 15+15 because without theory the procedure can not be done.
(b)	Nursing Procedures and techniques	15	45	60	120	100	25	75	3	
(c)	First aid and emergency nursing	15	15	30						
				=120						

SECOND SEMESTER

V. FUNDAMENTALS OF NURSING II

(a)	Introduction to child health	30	30	60					
(b)	Introduction to maternal health	15	15	30	120	100	25	75	3
(c)	Introduction to family health & community health	15	15	30					
				=120					

VI. COMMUNITY HEALTH NURSING I (i) (Female)

(a)	Domiciliary midwifery	20	60	80	120	100	25	75	3	Midwifery & maternity Nursing has been increased to 60+90 from 45+75
(b)	Family planning & family welfare	25	15	40						

1	2	3	4	5	6	7	8	9	10	11
VII	(c) Midwifery & maternity Nursing	60	90	150	150	100	25	75	3	
					=270					
	OR Community Health Nursing I (ii)(Male)									
	(a) Health Statistics	40	40	80	120	100	25	75	3	
	(b) Family Welfare & Planning	25	15	40						
	(c) Environmental sanitation	45	105	150	150	100	25	75	3	
					=270					

THIRD SEMESTER

VIII COMMUNITY HEALTH NURSING II

	(a) Nutrition Education	15	15	30	120	100	25	75	3	
	(b) Health Education	30	30	60						
	(c) Communication skills & Audio visual aids	15	15	30						
					=120					

IX COMMUNITY HEALTH NURSING III

	(a) Basic medicine & Pharmacology (Unit I–IV)	80	40	120	120	100	25	75	3	Total hours of Mizoram Nursing Council is 1350 whereas total hours of Indian Nursing Council is 1260 difference – 90 hours.
X	(b) Basic Medicine & Pharmacology (Unit–V)	70	20	90	120	100	25	75	3	
	(c) Health problems and plans	15	15	30						
XI	(d) Communicable desease	60	30	90						
	(e) Mental desease	15	15	30	120	100	25	75	3	
					=360					
	Total	705	645	1350	1100	275	825			

PRACTICAL EXAMINATION

PRACTICAL I : (Basic Nursing Procedures, techniques & First Aid) as prescribed in the record & practical book. Practical examination shall be in the First Semester.

PRACTICAL TI : (Fundamentals Nursing II, Community Health Nursing I (i) F (ii) M) as prescribed in the practical work book. Practical examination shall be in the second semester.

PRACTICAL II : (Community Health Nursing & basic midwifery practical for female, community health nursing and bag techniques of communicable disease). OR

PRACTICAL III : (Community Health Nursing II, III as prescribed in the practical work book). Practical examination shall be in the third semester.

(N.B. : Practical Work shall be entered as given at Chapter III)

13. GRADING OF MARKS : To pass in each paper a student shall obtain 50 percent of the marks alloted to each paper, marks for different standing shall be as follows :

Distinction – 80 per cent and above;
First Division – 70 per cent – 79 per cent;
Second Division – 60 per cent – 69 per cent;
Pass Mark – 50 per cent – 59 per cent;
Fail – Below 50 per cent.

14. INTERNAL MARKS : (1) Assessment of internal marks shall be made by the teacher of the school on the basis of the classroom test (written, practical) performance in the field, clinical area, written assignments, reports of the student.

(2) The internal marks for theory paper shall be 25 per cent of each subject and 25 per cent of the practical.

15. ELIGIBILITY FOR ADMISSION TO EXAMINATION : A candidate shall be eligible for admission to the examination if he/she has fullfilled the following criterias; namely

(1) She/he attended 75 percent of the formal instructions given on each subject and 75 percent field experiences seperately during the semester;

(2) Her/his record of practical experience is upto-date;

(3) The head of the school sends to the Council the internal marks for each paper as well as practical;

(4) The head of the school is empowered to reject any candidate from appearing in the examinations. The head of the school is responsible to formulate on which ground a candidate shall be rejected.

(5) Applications for admission to examinations shall be accompanied by prescribed fees;

(6) Examination fees once paid shall not be refunded;

(7) A candidate where applications has been accepted by the Council for admission to an examination shall be given an admission card showing the name of the candidates and the Roll Number assigned to her/him for admission to the examination;

(8) A candidate shall not be admitted into the examination hall if she/he fails to present the admission card within a reasonable time;

(9) If a candidate fails to return any properties belonging to the institution and fails to pay the money shall not be allowed to sit in the examination.

16. METHOD OF APPLICATION OF EXAMINATION FOR AUXILIARY NURSE-MIDWIFERY/HEALTH WORKER COURSE :

First Semester examination : A candidate for the first semester examination shall apply to the Registrar through the Head of the recognised training institution where she/he was undergoing the training with a certificate of having passed the preliminary Training School examination in a prescribed Form-I (B) as given at the end of this Chapter to reach the Registrar on or before a specified date.

Each application shall be forwarded with the examination fees.

17. METHOD OF APPLICATION FOR SECOND SEMESTER : A candidate for second semester examination shall apply to the Registrar through the Head of the Institution in Form-I (B) as given at the end of this Chapter to reach the Registrar on or before a specified date together with a certificate of having passed the first semester examination and of having undergoing the full course of training and having attended 75 per cent of the classes and acquired minimum clinical experience.

18. METHOD OF APPLICATION FOR THIRD SEMESTER : A candidate for the third semester examination shall apply to the Registrar through the Head of the institution in Form-I (B) as given at the end of this Chapter before a specified date together with a certificate of having passed the second semester examination and having attended 75 percent of the classes and acquired minimum clinical experience.

19. RESIT FOR FAILED SUBJECTS :

(1) If a student fails in one theory paper, she/he may be promoted to the next semester, She/he will resit for examination held subsequently in the failed subjects.

(2) If a student fails in two or more paper she/he will repeat the whole semester.

(3) Passing in the practical examination is compulsory for promotion to the next class semester.

(4) If the student fails in second attempt for resit examination, she he shall have to appear the whole course of that particular semester.

20. CENTRES FOR EXAMINATIONS : The examination shall be held in each institution recognised by the Council. The practical examination shall:-

(1) preferably be conducted at the same school where she/he is a student;

(2) have Nurse examiners;

(3) be held 15 days before and after theory examination. Not more than 20 students shall be examined per day.

MIZORAM NURSING COUNCIL
FORM – I (A)

APPLICATION FOR REGISTRATION OF THE NAME OF A STUDENT ADMITTED TO A RECOGNISED OR APPROVED INSTITUTION

(1) Name of the student (in full) :
(2) Address (Home)
(3) (a) Father's/Husband's name :
 (b) Guardian's name and relationship :
(4) Age of the student on admission with date and place of birth :
(5) Nationality :
(6) Name of the institution to which admitted :
(7) Date of admission :
(8) Preliminary Educational qualifications :

Signature of Applicant

I hereby certify that the above particulars are true to my knowledge and information.

Date the ———————— 19 ————————

Signature of the Head of the School.

MIZORAM NURSING COUNCIL
FORM - I (B)

AUXILIARY NURSING-MIDWIFERY COURSE/HEALTH WORKER COURSE EXAMINATION FORM

(First Semester/Second Semester/Third Semester)
(This application must reach the Registrar, Mizoram Nursing Council on or before the ———————————————)

APPLICATION

To,

The Registrar,
Mizoram Nursing Council.

Madam/Sir,

I request permission to present myself to the ensuing First/Second/Third Semester examination to be held from ———————— for the Auxiliary- Midwifery Course.

The fee of Rs.————is fowarded herewith.

Yours obediently

The ———————— 19 Signature of student.

CERTIFICATE

I certify that ——————————————————— has fulfilled the requirements under the prescribed regulations.

I further certify that her/his general conduct while under training has been satisfactory.

I also certify that she/he has attended at least 75% of the lectures and has acquired minimum clinical experience and that her/his work has been satisfactory.

The—————19 Signature of the Head of the Institution.

Particulars of the student to be filled in by the Head of the Institution.

(1) Name in full (Block letters) :
(2) Age :
(3) Nationality :
(4) Date of admission to the institution :
(5) Student Registration No :
(6) Date of passing the Preliminary examination/ First/Second/Third Semester :

7) Period of training from ——–—— to ————————
8) Whether appeared in the examination previously
   (a) subject in which passed :
   (b) subject in which appearing :

The ————— 19 Signature of the Head of School
Address :

CHAPTER—III

SYLLABUS AND PRACTICAL EXPERIENCES FOR AUXILIARY NURSE-MIDWIFERY HEALTH WORKER COURSE

21. Syllabus including pratical experience and course content in accordance with the Indian Nursing Council Syllabus as given under Section 4 of this Chapter except 90 hours has been added in theory in addition to the Indian Nursing Council prescribed hours.

22. Practical Training and field experience will be provided in the classroom, laboratories, health agencies, hospitals and community organisations.

(1) For Auxiliary Nursing Midwifery/Health Worker (Male and Female) 1,560 hours shall be spared and the following shall be broad distribution of hours for supervised practical training and field experience/clinical experience; namely–

(a) Supervised practical training shall be provided for 20 weeks at the rate of 30 hour per week, 600 hours

(b) Field experience/clinical experience shall be provided for 24 weeks at the rate of 40 hours per week; 960 hours

(2) Supervised Practical training includes–

(a) A planned instructional programme orientation, observation tours, field trips, demonstrations, classes, clinic;

(b) An integral part of the courses of studies;

(c) Planned supervised and guided by teaching staff of training centre/school;

(d) Rich in learning experiences;

(e) Assessment and evaluation.

(3) Field experience/Clinical experiences;

(a) shall be supervised by staff of training school. Service staff in health care agencies and hospital may provide the guidance and supervision;

(b) is designed to hold student health workers increased confidence, and improve basic skills in the practical field;

(c) is a useful learning experience for developing confidence, getting familiar with the characteristic of the work situation, and improving competencies in the practical field;

(d) is planned to provide a block of practical experience of an intensive nature.

23. COMMUNITY HEALTH NURSING (1060 HOURS) : The following shall be the broad distribution of hours for supervised practical training and field experience in Community Health Nursing :—

(1) Supervised practical training for 14 weeks at the rate of 30 hours per week — 420 hours

(2) Field experience for 16 weeks at the rate of 40 hrs per week — 640 hours

(a) Community Health Nursing experiences and activities shall cover the following areas; namely —

(i) Home visit, family health care,
(ii) Maternity and child health clinics;
  (a) antenatal,
  (b) postnatal,
  (c) well baby,
(iii) Environmental sanitation;
(iv) Domiciliary Midwifery;
(v) Communicable diseases;
(vi) Immunisation;
(vii) Primary Health Centre, Sub-Centre;
(viii) School Health;
(ix) Family Welfare;
(x) Health Education;
(xi) Nutrition Education;
(xii) Community Nutrition;
(xiii) Training and Supervision of Dais;
(xiv) Training and Supervision of Community level Health Workers;
(xv) Health Records, Reports, Surveys:
(xvi) Organisations of Sub-Centres, Clinics;
(xvii) Safety Programmes, First Aid and Emergency care;
(xviii) Home Nursing;
(xix) Communicable diseases control;
(xx) Family Welfare Activities;

(xxi) Environmental Sanitation Activities;
(xxii) Primary Medical Care;
(xxiii) Vital Statistics;

(d) SPECIFIC PRACTICAL EXPERIENCE REQUIREMENT

The student shall have the following practical experience; namely—

(i)	conducting antenatal examination	— 30 cases
(ii)	conducting deliveries including five home deliveries, if possible	— 20 cases
(iii)	nursing of "lying in" women and babies	— 20 cases
(iv)	vaginal examination	— 5 cases
(v)	conducting child care clinics	— 20 attendance
(vi)	motivating eligible couples and mothers to adopt family planning methods	— 5 cases
(vii)	conducting health talks/health education activities	— 5 cases
(viii)	training dais/community level H/W	— 5 cases
(ix)	carrying out immunity programme in clinics, community organisations, schools	— 20 homes
(x)	taking health history – women	— 5 cases
	– child	— 5 cases
(xi)	home visits for family health care	— 5 homes
(xii)	home visits for maternal health care	— 10 homes
(xiii)	home visits for maternal health care including antenatal and postnatal care	— 10 homes

24. INSTITUTIONAL NURSING/HOSPITAL NURSING – 500 HOURS :

The following should be the broad distribution of hours for supervised practical training and field experience in Institutional Nursing/Hospital Nursing; namely —

(1) Supervised practical training for six weeks at the rate of 30 hours per week — 180 hours.

(2) Clinical experiences for eight weeks at the rate of 40 hours per week — 320 hours.

Supervised practical Training and clinical experience shall cover the following areas :

(a) outpatient departments (six weeks)

- medical
- surgical
- eye, ear, nose, throat
- paediatric,
- psychiatric and mental health.

(b) wards (six weeks)

- medical
- surgical
- paediatric
- maternity and gynaecology
- minor operation theatre
- maternity and gynaecology operation theatre.

25. SYLLABUS FOR AUXILIARY NURSING-MIDWIFERY COURSE/HEALTH WORKER (MALE & FEMALE)

Distribution of planned instructional hours for each subject theory and practical.

Names of subjects	Theory hours.	Practical hours Lab/Field/Clinical instruction.	Total hours
SCIENCE I			
(a) Anatomy and Physiology	60	30	90
(b) Microbiology	15	15	30
(c) Psychology	30	30	60
(d) Sociology	30	30	60
(e) Hygiene	30	30	60
(f) Nutrition	30	30	60
			360
FUNDAMENTALS OF NURSING I			
(a) Introduction to Nursing	15	15	30
(b) Nursing Procedures & Techniques	15	45	60
(c) First aid & Emergency Nursing	15	15	30
			120
FUNDAMENTAL OF NURSING II			
(a) Introduction of child health	30	30	60
(b) Introduction of Maternal health	15	15	30
(c) Introduction to Family Health and community health	15	15	30
			120

COMMUNITY HEALTH NURSING I (i) (FEMALE)			
(a) Domiciliary Midwifery	20	60	80
(b) Family Planning & Family Welfare	25	15	40
(c) Midwifery & Maternal Nursing	60	90	150
OR			270
COMMUNITY HEALTH NURSING I (i) (MALE)			
(a) Environmental sanitation	45	105	150
(b) Health Statistics	40	40	80
(c) Family Planning and Welfare	25	15	40
			270
COMMUNITY HEALTH NURSING II			
(a) Nutrition Education	15	15	30
(b) Health Education	30	30	60
(c) Communication skills & Audio visual aids	15	15	30
			120

1	2	3	4
COMMUNITY HEALTH NURSING III			
(a) Basic Medicine & Pharmacology	150	60	210
(b) Health Problems & Plans	15	15	30
(c) Communicable diseases	60	30	90
(d) Mental diseases	15	15	30
			360
TOTAL HOURS :	705	645	1350

ANATOMY AND PHYSIOLOGY

(90 hours)
(Theory 60 hours)
(Practical 30 hours)

SCIENCE I (i)

OBJECTIVES :

1. To be able to acquire sufficient knowledge of structure and function of the human body as is needed for an understanding of
— the basis for hygienic liivng
— preventive measures for maintena nce of health
— the effect of diseases and remedial measures

2. To be able to utilize knowledge of structure and function in performing health care activities including first aid nursing and treatment of minor ailments.

COURSE CONTENT

Unit I The body as an Integrated whole

Introduction, organization of living things
Cells, tissues, organs, cavities, and body system
Typical cell structure, properties of cell, living processes
Tissues, types, structure and functions; the skin.

Unit II The Erect and Moving Body

Skeletal system over–view of the skeletal system; bones, bone development and bone repair, axial skeleton; appendicular skeleton; surface anatomy and landmarks; structure and function of joints; types of joints.
Muscular System–Introduction, overview of skeletal muscles.
Chief Muscles and groups of muscles: muscle contraction; properties of muscle.

Unit III Intergration and Control of the body.

Nervous System-division of the nervous system; brain and its functions; cranial nerves; spinal nerves.
Special senses–structure function, and location of organs of special senses; eye structure and function of visual apparatus; ear structure and function of auditory apparatus.

Unit IV Maintaining the metabolism of the Body.

Circulatory System—blood Composition, blood cells and plasma, haemoglobin, blood coagulotion; bleeding time; blood grouping and cross-matching. Heart-structure and function; heart sounds and heat-rates; circulation-systematic and pulmonary; blood vessels, pulse, blood pressure; pressure points, arterial, venous, and capillary system.

Respiratory System-upper respiratory tract, structure and function; lower respiratory tract structure and function, capacity of lungs, exchange of gases; respiration rate. Digestive system; the alimentary tract-oral cavity, stomach, small and large intestines; peristalsis. Digestion-mechanical and chemical. Salivary glands, liver, pancreas and gall bladder, enzymes. Absorption and assimilation of foods. Excretory System- excretory organs, location, structures and function.

The Urinary tract urine formation, composition of urine micturition. Water and salt balance.

Endocrine System-overview of the endocrine system; endocrine glands-location, structure, functions. Body temperature regulation.

Unit V Human Reproduction.

Embryology, prenatal development; maturation of reproduction organs. The male reproductive tract-external organs. The female reproductive tract-external organs, internal organs; menstrual cycle; harmones and reproduction.

MICROBIOLOGY

30 Hours
(Theory : 15 Hours)
Sciences I (ii) (Practical : 15 Hours)

OBJECTIVES

1. To be able to acquire sufficient knowledge of microbiology for an understanding of the characteristics of disease-producing micro organisms.
2. To be able to understand the principles of microbiology underlying preventives and remedial measures.
3. To be able to handle pathogenic material safely.

COURSE CONTENT

Unit I Introduction

Classification of micro-organisms
Characteristic of bacteria, viruses
Conditions affecting the growth of bacteria
Parasites, fungi, yeasts, mould.

Unit II Universal presence of Micro-organisms.
Useful bacteria-micro-organisms in the soil, environment.
Micro-organisms in the human body, normal flora,
Sterile areas and Cavities in the body,
Micro-organisms in water, food, milk,

Unit III Sources and mode of infection.
Sources of infection,
Mode of transmission, portals of entry and exist.
Immunity, hypersentivity, antigen-antibody reaction, Vaccines.

Unit IV Pathogenic Micro-organisms,
Pathogenic organisms transmitted from respiratory tract,
Pathogenic organisms transmitted from elimentary tract,
Pathogenic organisms transmitted through food borne infections; food poisoning,
Blood-borne pathogenic organisms,
Collection of specimens for bacteriological examination.

Unit V Identification and Destruction of Micro organisms,
Identification, destruction and removal of Micro organisms,
Health Worker's responsibilities.
Methods of identification-laboratory techniques; use of the microscope.
Methods of destruction physical and chemical agents; effect of cold and heat; practice in sterilization methods disinfection.

PSYCHOLOGY

60 hours
(Theory 30 hours)
(Practical 30 hours)

OBJECTIVES

1. To gain knowledge of elementary principles of psychology for an understanding of personal, individual, and group behaviour.
2. To develop interpersonal skills required for (a) carrying out health care activities, and (b) functioning effectively as a member of the health team.
3. To motivate individuals and groups to improve health care practices, and utilize health and welfare services.

COURSE CONTENT

Unit I Factors influencing Human Behaviour,
Heredity environment,
Basic needs, drives, urges,
Early learning, value. systems, attitudes, beliefs,
Personality, self-concept, body-mind relationship.

Unit II Life stages and behavioural Patterns,
Behavioural Patterns in childhood,
Behavioural Patterns in adult,
Behavioural Patterns in the aged.

Unit III Emotions and Behaviour,
Meaning and Importance of emotions,
Emotions-expression and control,
Positive and negative emotions, emotion and health,
specific emotion-fear, anger, love, jealousy, stress,
illness and Behaviour.

Unit IV Defence Mechanisms and Behaviour,
Purpose of defence mechanisms,
Common defence mechanisms,
Adjustments, conflict, frustrations.

Unit V Social Behaviour, Interpersonal Relations,
Acceptance of the individual, individual differences,
Appreciation, recognition, approval in social relations,
Group standards and conformity; behaviour, adaptations
maintaining effective relationships; self-understanding.

Unit VI Learning, Motivation and Change in Behaviour
Motives, incentives, goals, and aspirations, significance of motivation in improving health practices, changing attitudes and habits, motivating individuals and groups to improve health practice, conditions of learning, methods of learning.

SOCIOLOGY

60 Hours
(Theory : 30 Hours)
(Practical : 30 Hours)

OBJECTIVES

1. To be able to acquire knowledge of basic Sociological principles and processes as they relate to the individual, family and community.
2. To be able to gain an understanding of social factors that effect community's health, welfare and life.

COURSE CONTENT

Unit I Introduction,
Groups-Primary and secondary; in-group and outgroups, structure, activities of groups, organisation of groups; urban and rural administrative pattern-panchyats and corporations; crowd, public audience.

Unit II Social processes,
Corporation, competition conflict. Assimilation adjustment.
The individual and process of socialization.
Community health services and social processes,
Change and development in the community.

Unit III Social Controls,
Traditions and customs,
Folkways and mores,
Laws : traditions and habits, affecting health,
Social problems; anti-social practices.

Unit IV Social stratification,
Caste,
Class; mobility ; status,
Regionalism.

Unit V Marriage and Family,
Marriage patterns,
The joint family.
The nuclear family/modern family,
Family Welfare services,
Factors affecting Mode of Living.

Unit VI The Community,
Rural Community-characteristics, changes in the village community development; major rural problems.

Urban Community-characteristics, changes and adjustments to urban environment, major urban problems.

HYGIENE

60 Hours
(Theory 30 Hours)
(Practical 30 Hours)

Sciences I (v)

OBJECTIVES

1. To increase understanding of the significance of hygiene and healthful living for promotion and maintenance of health.
2. To develop the ability to utilize this knowledge for promoting positive health practices.

COURSE CONTENT

Unit I Introduction to hygiene and Healthful living
Concepts of health and disease,
Factors influencing health and healthful living,
Healths habits and practices – recognizing positive, and negative practices in the community.,
Scientific Principles related to maintenance of

- normal circulation,
- normal respiration,
- normal digestion and elimination,
- normal sensory functions,
- normal skeletal alignment, joint function and motor function.

Unit II Physical Health.
Skin Care, cleanliness clothing,
Care of the hair, preventive of pediculosis,
Dental care and oral hygiene,
care of hands, hand washing care of nails,
Hygiene of elimination,
Menstrual hygiene.

Unit III Physical Health (Continued)
Posture; prevention of postural defects,
Exercise, rest, relaxation, and sleep,
Care of the feet, footwear,
Care of the eyes, ear, nose and throat,
Food value-nutrition, diet selection, preparation and handling of food.

Unit IV The Periodic Health Examination,
The health examination, health record,
Immunity and infections, immunization,
Detection and Correction of defects.
Prevention and early treatments of common ailments.

Unit V Health in the Home,
The Home as a centre for healthful living,
Household measures for disposal of refuse, waste,
Latrines and sanitation, ventilation,
Safety in the home, common home hazards,
Sanitation in animal sheds; insects and pests.

Unit VI Mental Hygiene and health.

1. Introduction
   Factors contributing to mental health,
   Characteristics of a mentally healthy person,
   Developmental tasks, basic needs, emotional stability.

2. Mental hygiene and health in infancy.
   - ensuring mentally healthy growth in infancy; need for comfort, security; protection,
   - mental hygiene approch to some problems,
   - feeding weaning, thumsucking, toilet-training.

3. Mental hygiene and health in early childhood.
   - ensuring mentally healthy growth in early childhood; need for security, affection, love, play constructive activities, adventure,

— Mental hygiene approach to common problems negativism, temper tantrums, sleep disturbances bedwetting, aggressiveness. fears over submissiveness

4. Mental hygiene and health in later childhood,
   — ensuring mentally healthy growth in later childhood; need for frienships, games and plays, affection and recognition; respecting individual differences; encouraging self-expression,

   — mental hygiene approach to some problems–speech problems, reading difficulties; learning problems, daydreaming.

5. Mental hygiene and health in adolescence;
   — ensuring mentally growth in adolescence, need for security, recognition, understanding acceptance, preparation of girls for menstruation sex education developing vocational goals, hobbies discussions, and conversation; adventures, organised games; dependence–independence conflict,

   — mental hygiene approach to some problems–truancy rebellious behavior, aggression.

6. Mental hygiene and health in adulthood.
   — ensuring mental health in adulthood; need for self–realisation; satisfaction on the job: recognition social relationships; marriage, marital life, parental responsibilities;

   — mental hygiene approach to some problems–job dissatisfaction, marital problems; failures in achievement and fulfilment of aspirations.

7. Mental Hygiene and health in old age.
   — ensuring mental health in old age need for preparation for retirement, economic in-securities; loss of role status related to job and earnings; adjustments in relations to physical condition,

   — mental hygiene approch to some problems–developing interests keeping, active participation in community life and family affairs.

NUTRITION

60 Hours

Sciences I (vi)

(Theory : 30 Hours)
(Practical : 30 Hours)

OBJECTIVES

I. To acquire sufficient knowledge of nutrition required for maintenance and promotion of health.

2. To develop skills in practical applications of the principles of nutrition including planning and preparation of nutritious meals.

COURSE CONTENT

Unit I Introduction to the study of Nutrition,
Definition, relation of nutrition of health, relation of other factors of importance to nutritional status and health e.g. infections.
Classification and functions of foods-body building, energy
Yielding, and protective foods
Nutrient-Carbohydrates, proteins, fats, vitamins,
Minerals-functions, sources and daily requirements of each caloric requirements, water and cellulose.

Unit II Nutritive Value of foodstuffs

Cereal,
Pulses,
Vegetables,
Fruits,
Milk and Milk Products,
Egg, Meat and Fish,
Fats and Oils,
Sugars,
Condiments,
Spices and Beverages.

Enriching subsistence diets with locally available food stuffs.

Unit III The Balance Diet,
Definition, factors to be considered in planning meals,
Improvement of diets; selection of foods, cultural factors, Nutritional requirements for special groups, vulnerable groups. Improving maternal nutrition, and child nutrition,
Modified diets – liquid, bland, soft, full.

Unit IV Preparation and preservation of foods,
General Principles of cooking,
Methods of cooking,
Effects of cooking on nutrients, and common foodstuffs,
Preservation of foods-household methods,
Food hygiene-simple household measures.

Unit V Malnutrition,
Malnutrition and under-nutrition; causes interrelatedness of factors leading to malnutrition e.g. infections worminfestations,
Deficiency diseases in the country including vitamin deficiencies protein-calorie malnutrition,
Caltural factors in nutrition; food fats, food habits,
Food adulteration practices injurious to health,
Nutrition education-Principles of imparting nutrition knowledge.

FUNDAMENTAL OF NURSING-I

90 Hours

PART A	Introduction of Nursing	Theory	15	Hours
		Practical	15	Hours
PART B	Nursing Procedures	Theory	15	Hours
		Practical	45	Hours
PART C	First Aid and Emergency Nursing	Theory	15	Hours
		Practical	15	Hours

OBJECTIVES

1. To acquire knowledge and skills related to the performance of health care activities, including nursing procedures and techniques.
2. To understand the principles of nursing care basic to the care of the sick.
3. To develop skills in caring for the sick.
4. To organize and maintained equipment and supplies.
5. To render first aid in emergencies.

PART A. INTRODUCTION TO NURSING

Unit I Concept of Nursing as a Health, and Community Services,
Concept of Nursing, Health, and Health Problems,
Responsibilities of Health Workers,
Ethics and behaviour of Health Workers,
The Health team.

Unit II Organisation of Health and Nursing Services,
Principles of organising care in the home health agencies, clinics, schools, hospitals.
Principles of organising care according to degree 'wellness' or illness,

- Ambulatory care in outpatient units, dispensaries clinics,
- inpatient care in wards, nursing homes,
- inpatient, care rehabilitative care and convalescent care,

Principles of organizing care according to need of the patient,

- Seriously ill, chronically ill,
- moderately ill, terminally ill,

Principles of organising care according to patient group,
Age Groups–children and adolescence
–adults and the elderly
Health or medical problem patients with fever
e.g. Unconcious-patients
patients for surgery

Assessing needs and priorities.

Unit III Maintenance of supplies, equipments and other Facilities,
- for health–oriented facilities,
- for disease–oriented facilities,

Economy in the use of suplies, equipment, including linen breakage and reporting; obtaining replacements.

Unit IV Record and Reports.

Health records, family care records, medical records
Use of diaries by health workers,
Understanding the system of reporting and recording
Referral system.

Unit V Maintaining a Healthy Environment,

Cleanliness of unit and the sick room cleanliness of furniture, floors in the environment–protection from injuries and infection,

Basic techniques–dusting, washing, disinfecting and sterilisation.

PART B. NURSING PROCEDURES AND TECHNIQUES

Unit I Meeting Hygienic and Comfort Needs.

Care of skin	— bathing a patient; bed bath; assisted bath; partial bath and the back rub.
Care of Hair	— giving a hairwash; treatment for, pediculosis,
Care of Hands	— Feet Nails,
Care of Eyes	— giving and eyewash,
Nutrition	— feeding the sick patient; assisting with meals,
Mouth Care	— giving a mouth care to sick patient
Elimination	— offering and removing a bedpan for a sick patient,
Body Exercise	— Posture, activity & movement-lifting patients, changing position of patient use of comfort devices, improvised devices; joint exercises-range of motion exercises-making a comfortable bed at home and in hospital,

Unit II Observation and Examination.

Vital signs — Temperature, Pulse, Respiration, Blood pressure, Taking temparature, reading thermometer cleaning thermometer taking pulse, noting characteristics observation of resperation. Blood pressure taking and recording Blood pressures

Weight, Height — Checking weight, height, recognition of abnormalities,

History — Taking history of healthy and sick individual,

Physical Examination — Examination of child and adult; preparing patient for Examination; assisting doctor with medical and ** special examination.

**Urine analysis — Physical examination of urine, Testing urine for sugar and albumen Recognition or abnormalities.

Collection of specimens — Collecting speciment of urine, stool, sputum, venitus, throat swabs. Blood for laboratory examination; preparing blood slides.

Diagnostic procedures — Preparing patient for X-Ray studies Assisting with common diagnostic tests

Unit III Aseptic Practices and Procedures

Medical asepsis — Isolation technique, handwashing, wearing gown and mask, disinfection and sterilization of contaminated equipment, disposal of contaminated waste or refuse cleaning the sick room

Surgical asepsis — Handwashing and scrubbing for surgical practice dressing cuts and small wounds; sterilization of equipment and supplies-method of sterilization for various types of equipment and supplies–syringes, instruments, gloves, enamelware, handling of sterile equipment

Unit IV Medications and Therapies

Oral medication — Administration of tablets, powder; mixture; abbreviations in common use: calculation of doses; weights and measures; modes of administration; classification of drugs by action e.g. analgesic, antipyretics; sedatives; side effects of drugs in common use.

Injections — Application or surgical asepsis sites, routes, types of drugs given by injection; preparation of equipment and supplies-Selection of needles syringes skin preparation; intradermal, hypodermic and intra-muscular injections; assisting with intravenous injections and infusions.

Local Application — Hot applications-fomentations, hot water bottles, hot soaks cold applications–compress ice-bag.

— Local applications for rashes, skin infections and conditions, pediculosis.

— Cleansing and application of medications for eyes, ear, nose and throat conditions-drops, ointments, throat paint.

— Wounds–Surgical cleansing, dressing, applications for wounds specific treatments for scabies, impetigo, boils and ringworms.

Specific treatments for conjunctivities, trachoma, sore and sticky eyes, otitis media, sore, throat, nose bleeing.

Unit V Basis Nursing Care of Patients (a) Care of patients with respiratory problems

— inhalation procedures; steam inhalation.

Care of Patients with heart disease/cardiac symptoms–dyspnoea, pain in chest,

Care of Patients wite elimination problems-constipation, diarrhoeas retention of urine; giving an enema catbeterization,

Care of patient with fever, chills,

Care of Patient with gastroenteritis.

(b) Care of chronically ill patient–patient with long-term illness; terminal illness.

Care of the acutely ill patient–patient in shock, coma, convulsion,

(c) Preoperative care of patient–skin preparation procedure,

Post operative care of patient–observation of vital signs, maintenance of airway.

PART—C. FIRST AID AND EMERGENCY NURSING

Unit I Intrroduction

Scope of First Aid; principles of emergency care,

Management of emegency situation–care of casualty,

Screening and shorting procedures-Mass casualties;

Structure and Functions of Major Organs and Systems,

Principles of First Aid treatment for haemorrhage, esphyxia and fractures.

Unit II Promoting Safety Conciousness,

Safety in the home,

Safety measures in the School, playground streets, institutions,

Safety on the job–farm and factory,

Prevention of Accidents–common sense, measures and observations of few simple rules.

Unit III Injuries of Bone, joints.
Fisrt aid measures for injuries to upper extremities
First aid measures for injuries to lower extremities
First aid measures for skull injuries, rib injury to pelvis
Firs aid measures for spinal injuries, multiple factures, crush injuries.

Unit IV Wound and Haemorrhage
Wound-types, principles of wound care, immediate care,
Haemorrhage–types controll of bleeding, preasure points, bleeding from special regions and cavites-nose, stomach lungs kidney, bowel, gums, ear, internal bleeding.

Unit V Poisons, Bites and stings, Foreign Bodies
Swallowed poisons Snake bite, Foreign Bodies
In-haled poisons Dog bite, rabit – eye
Injected poisons Insect bite and stings – ear, nose
throat
– stomach

Unit VI Loss of Consciousness, Asphyxia, Heat Stroke
Fainting Stupor, Coma, Convulsions, Hysteria–First aid
Asphyxia – drowning strangulation, choking,
– causes, types, and symptoms,
– artificial respiration.
Heat Stroke.

Unit VII Thermal injuries, Electrical Injuries, Chemical Injuries,
Burns and scalds-first aid treatment for critical burns,
Burns caused by strong acids, alkalis, moderate burns, minor burns and scalds,
Electrical Shock-first aid measures.

Unit VIII Emergency Care/Disasters and first Aid,
Types of disaster; heallh workers' responsibilities,
Aspects of disaster relief work.

Principles of preserving life and health in emergencies teaching self-aid procedures to community for safety of water supply, food, safe disposal of waste; health protection measures including immunization management of emergency child birth.

Unit IX First aid procedure, supplies and Equipment, Application of Bandages, Slings, Dressings, Splints, Transport of casualty stretches, lifting and carrying injured persons, blank lift and other improvisation, First Aid supplies, First Aid Kit.

FUNDAMENTALS OF NURSING-II

120 Hours
PART A. Introduction to Child Health Theory 30 Hours
Practical 30 Hours

PART B.	Introduction to Maternal Health	Theory Practical	15 Hours 15 Hours
PART C.	Introduction to Family Health and Community Health	Theory Practical	15 Hours 15 Hours

OBJECTIVES

1. To acquire knowledge about normal growth and development of a child and utilize this for promotion and maintenance of child health.
2. To develop an understanding of the needs of children at various stages and be able to interpret this to mothers.
3. To be familiar with preventive and curative aspects of common childhood diseases.
4. To develop the ability to recognize signs and symptoms of common ailments prevalent amongst children, and provide for care and treatment.
5. To acquire knowledge of factors influencing maternal health and utilize this for improvement of maternal health.
6. To develop basic skill in caring for children with various ailments.
7. To acquire knowledge of the methods used for providing family health care services.
8. To be familiar with resources in the community for the maintenance of health.

COURSE CONTENT

PART-A. INTRODUCTION TO CHILD HEALTH

Unit I Growth and Development of a child.
Factors affecting growth and development-prenatal factors, maternal nutrition, heredity factors, environmental factors, socio-economic conditions.

Stages of Child life-infancy, pre-school, childhood, and adolescence basic needs; assessing priorities-teaching mothers about needs and priorities; development tasks.

Assessment of growth and development-weight, height in relation to normal growth curve; milestone of psychomotor development-movements; talking, sitting, standing, walking. teething-examination of the child.

Unit II The Newborn
Observation and assessment-examination of the newborn; neonatal reflexes; normal weight; weight changes, changes in form and

proportion; physiological jaundice examination for anomalies.
Immediate care of the newborn-bathing, clothing
feeding, excretion and
cleaning-sleeping.

Premature Infant Care-special needs, temperature control, Protection from infection; protection from injury; special precautions in giving daily care, preparation of a protective environment in the home and hospital; when to call for medical aid.

Injuries and Diseases of the newborn-convulsions; asphyxia fractures, paralysis; anomalies-imperforated anus, harelip, cleft palate, spine bifida, meningocele, ophthalmia, neonatorum, jaundice, diarrhoeas, vomiting tetanus neonatorum, thrush, sore buttocks, cord sepsis, card hernia, phimosis.

Unit III Nutritional Requirements.

Infant Feeding – preparation for it during antenatal

Breast Feeding – period advantages, schedules contraindications.

Artificial feeding — Contraindications; milk-types, modifications; calculation of formula; selection of bottles, teats, bottle feeding, other devices for weaning supplementary feeding.

Weaning — Introduction of semi-solids, and solids demonstration of food preparations suitable for infants according to locally available foods.

Pre-school children Feeding — requirements for growth; calories and nutrients: assessing nutritions value improving diet.

Feeding of infants, pre-school children and school children to prevent deficiency diseases-rickets, maramus kwashiorkor, anaemia, Vitamin A deficiency B Complex deficiency.

Unit IV Protection of Child's Health

Immunization schedule-Bacillus Calmette Geurin (BCG), Diptheria Pertusis Toxoid (DPT), Small Pox, Polio. Prevention and Treatment of common Childhood diseases and ailments.

Common cold, cough,
Eye and ear infection,
Skin infections,
Diarrhoeas, vomiting,
Dehydration,
Constipation,
Indigestion,
Worm Infestation,
Pneumonia,
Measles,
Chicken Pox,
Whooping Cough,
Mumps,
Tetanus,
Malnutrition.

Infant Mortality - causes, prevention, current rate.

Prevention of Accidents-at home, on the roads in school common childhood accidents and first aid measures burns, scalds foreign bodies in ear, nose, stomach poisoning, suffocation;
Social and preventive aspects-environmental health hazards, heredity;
Agencies for child Care and Welfare, Well-baby clinics, child guidance clinics school health services, School feeding programme,
Adult education centres-providing family life education for woman, mothercraft,
Classes for improvement of child care,
School for handicapped children,
Rehabilitation centres for disabled, handicapped children,
Legal provision for protection of children,
Improving Child Health Care Services,
Role of health worker, family, and community,
Working with other members of the health team.

PART B. INTRODUCTION TO MATERNAL HEALH.

Unit I Principles of Care during Maternity Cycle,
Conception period antenatal, intranatal and postnatal.

Unit II Organization of Maternal Health Care Services,
Rural and Urban Services,
MCH Services in the home, clinics, health centres and hospitals,
Health Workers, responsibilities in Maternal Health Services,
Intensive areas "twilight areas"
Role of dais/local birth attendants-working with dais,
Integration of Nutrition, Family Welfare, Child Care & Maternal Health Services,
Equipment and supplies for maternal health work-obtaining supplies, maintenance of kits, replenishing supplies for home visits, clinic, health centres, Records and reports.

Unit III Maternal Health Factors

Socio-economic Factor affecting maternal health	Literacy, economic status
	cultural practices, beliefs customs
	Nutrition and food habits

Assessment of maternal health problems in a community,
Maternal Mortality and Morbidity, Health Statistics.

PART C. INTRODUCTION TO FAMILY HEALTH AND COMMUNITY HEALTH

Unit I Family Health Care
The family as integral unit of the health services
The family as the focus of health worker's attention in health and

family welfare matters
Family health as it relates to – income
– Literacy of members
– cultural patterns of society.

Working with families in relations to—
Healthful environment in the home,
Family life education for parents,
Nutrition of family,
Immunization for family members,
Maternal Health Care,
Child health care,

Prevention and control of Communicable Diseases,
Mental Hygiene and Behavioural Problems,
Care of the Sick-home nursing aspects,
Care of Aged; care of the handicapped,
Family Planning and Welfare Services,
Home Visiting and domiciliary health service organizing home visits, priorities' number of visits, techniques, equipment and supplies, records and reports.

Unit II Introduction to Community Health
Understanding the Community–Characteristics,
Local community organisations–structures, functions, communication lines;
panchayats, cooperative, corporations;
Leadership patterns in the community health facilities available in the community,
– conventional services (official),
– traditional, indigeneous services,
Factors effecting community health and development.

Unit III Environmental Health and Sanitation
Environmental sanitation in rural, semi-urban and urban areas:
Diseases and standards of environmental sanitation
Water supply: safe water supply; as a basic health need; sources of water supply; water-borne diseases; protection of water; impurities, Purification of water–methods,

Disposal of Refuse–definition, types, disposal of-dry refuse, sewage disposal, community education and action for sanitation disposal of refuse.

Food and milk sanitation-objectives; household measures for ensuring safe food and milk; Community measures restaurant Sanitation; food and milk borne diseases.
Housing-basic principles of healthful housing;
lighting ; ventilation; rural and urban housing

Unit IV School Health Services
Objectives of School Health Services,
Components of a comprehensive School Health Programme,

Health appraisal of school children, prevention of Communicable diseases,
Early detection and attention to defects,
Healthful school Environment,
Nutritional service-food supplements,
Health education including nutrition education, population education,
School Health records,
First aid and emergency care,
Treatment of minor ailments.

Role of Health worker in school health programme as coordinator, educator, organiser, Counsellor, Interpreter; serving as a liaison between school, the home and community.

COMMUNITY HEALTH NURSING (I) (i) (Female) 270 Hours

PART A	Domiciliary Midwifery	Theory 20 hours Practical 60 hours
PART B	Midwifery and Maternity Nursing	Theory 60 hours Practical 90 hours
PART C	Family Planning & Family Welfare	Theory 25 hours Practical 15 hours

OBJECTIVES

1. To acquire knowledge of antenatal, intranatal and postnatal care
2. To develop skills in conducting a normal delivery in the home and hospital
3. To be able to provide domiciliary midwifery services including safe home delivery services.
4. To be able to recognize abnormal conditions and complications in the antenatal, intranatal, and postnatal stage and take necessary action for safety of mother and child
5. To acquire sufficient knowledge of family planning and welfare services required for affective participation in family planning work.

COURSE CONTENT

PART-A DOMICILIARY MIDWIFERY

Unit I Contacting Antenatal Mothers,
Surveying a new area; casefinding techniques
Establishing a good relationship with mother, and family members.
Utilizing opportunities for incidental teaching in the home adopting antenatal care to home situation, extent of care

— when mother attends clinic regularly,
— when mother does not attend clinic,
Arranging antenatal equipment and supplies antenatal bag.
Contents, care of equipment and supplies,
Bathing requirements for mother and baby-linen, clothing.
Establishing a procedure for contacting health worker (F) when labour begins,
Taking appropriate action – when abnormalities are detected
– when complication arise
– in emergencies.

Unit II Conducting a Delivery in the home.
Preparing and arranging equipment; requirements; checking delivery bag contents; attending to perineal hygiene,
Explanation to family, attendants; type of assistance required,
Advising and instructing mother; observation of mother
Using safe techniques for delivery,
Taking appropriate action in cases unexpected Occurences and emergency situation-prolonged labour,
Prolapsed cord, retained placenta, laceration, eclampsia
Placenta-examination, and disposal of placenta,
Disposal of soiled linen, clothes, care and comfort of mother, advice to mother,
Care of baby-Cord care; eye care; newborn examination; skin care; Identifying high risk infants; arranging for appropriate assistance in primary health centre/hospital action in case of emergencies,
Notification of birth; recording and reporting.

Unit III Post partal care
Organising postpartal care-number and frequency of visits requirements for epuipment and supplies-bag, contents and care of equipment,
Observation of mother during puerperium-recognising normal changes; identifying complications and abnormalities of the postpartal period-action in case of puerperal infection, delayed bleeding, urinary tract infection,
Records to be maintained.

PART—B. MIDWIFERY AND MATERNITY NURSING

Unit I The Reproductive System,
Structure of the Female Reproductive System,
Female pelvis difference between male and female pelvis external and internal pelvimetry,
Female reproductive organs — internal and external Organs
— structure and function,
Menstruation — the menstrual cycle; evaluation; safe period;
Conception — fertilization.

Unit II Growth and Development of Foetus:

Development of embryo–form and proportion of parts Development of foetus-sex determination, foetal sacamnictic fluid, development of placenta, function of placenta, placenta abnormalities, umbilical cord normal and abnormal features,

Foetal Skull-size shape, diameter sutures, moulding: skull areas–vertex, occiput, mentum sutures, fontanelles Foetal circulation–Changes after birth.

Unit III Pregnancy :

Physiology of pregnancy diagnosis of pregnancy; signs and symptoms; minor disorders and their treatment; Antenatal care and supervision at home or in clinic; importance of antenatal care; general examination; taking history palpation, auscultation, urine examination, haemoglobin estimation, blood pressure assessment; detecting signs and symptoms of complications–oedema headache, blurred vision, persistent vomitting; early identification at high–risk cases, twins.
Protection against tetanus; advice regarding diet intake rest, breast care, preparation for home delivery; education for adoption of family planning methods after delivery.

Unit IV Labour

Physiology of labour; definition, stages of labour; machanism of labour; signs and symptoms of labour. Care during first, second and third stage of labour-at home; in the hospital;
Recognizing signs of complications and danger during labour immediate care of the normal newborn; resuscitation of new born; preventing infections; cord care; examination of newborn; recognition of abnormalities and action to take.

Unit V Normal Puerperium

Observation of normal changes in the postpartum period; involution of uterus; lochia; breasts, puerperium; care of breasts and initiation of breast feeding; perineal hygiene Postnatal examination; recognizing signs and symptoms of complications in the postpartum period, and appropriate action to be taken–puerperal infection, delayed heamorrhage Postnatal advice regarding diet, importance of breast feeding hygiene of hands. breast; danger signs, activities, exercise and mental health; Family planning Education benefit of adopting family planning methods Recognition of minor discomforts of the postpartum period and appropriate action to be taken.

Unit VI Complication of Pregnancy

Vaginal bleeding early in pregnancy; causes–abortions, cancer Servix, actopic pregnance, and other causes, care Hyperomesis gravidarum–causes, symptoms, prevention and care. Abortions–types, causes, management; referral; medical termination of pregnancy–legal, physical psychological and educational aspects, Taxemias of pregnancy-pre-eclampsia and eclampsia causes, symptoms, management principles and promotion, Ectopic pregnancy-signs and symptoms; management Nutritional problems-anaemias, vitamin deficiencies pyclitis-causes, signs and symptoms care and treatment, pregnancies with uterine abnormalities-retroverted uterus prolapse, fibraid tumours,

Diseases complicating pregnancy-tuberculosis; essential hypertensions, cardiac diseases, diabetes, measles: renal deseases, jaundice; Rhesus imcompatibilities and effect on foetus; Pruritis vaginal thrush, trichomonalis.

Unit VII Complications of Labour.

Abnormal presentations-definition; mechanism of labour diagnosis; management and refferal; breech, deep transverse arrest, face to brow, shoulder presentation; cord prolapse,

Abnormal uterine actions-definition: early diagnosis, management and referral; precipitated labour; early rupture of membranes; hypotonic uterus uterine inertia; retraction ring,

Cephalo-pelvic disproportion; early diagnosis, management and referral; Pralonged labour; causes, diagnosis management and referral; Post-maturity.

Obstetrical emergencies-management of emergencies in home referral, management of emergencies in hospital; postpartum haemorrhage; management of adherent or retained placenta.

Unit VIII Obstetric Operations.

Conditions requiring surgery; admission of patient preoperative care, observation during operation; postoperative care medical and surgical techniques for induction of labour; artificial rupture of membranes; episiotomy, low and midcavity forcepts; vacum extraction trail labour caesarian section; destructive operation-decapitation; embryotomy.

Unit IX Abnormal Puerperium.

Retention of urine-catheterization; puerperal sepsis; venous thrombosis; thrombophlebitis; injuries-vesico-vaginal fistule; recto-vaginal fistula, Breast abscess, cracked nipple, suppression of location psychiatric disturbances-depression, melancholia.

Unit X Drugs Used in Obstetrics

Mode of action. normal dose, indications, and side effects of :

Oxytecies,
narcotics,
sedative,
coagulants,
drugs use for prophylaxis.

Respiratory stimulants,
hormones
anti-infectives,
analgesics,

Unit XI Training of Community level Health Workers, including Dais.
Role of Dais (local birth attendants), and other community level health worker; good and harmful practice of dais,
Participating in the training and supervision of dais and other community level health workers,
Establishing working relationships with dais,
Involvements of dais for family planning motivation work in the community.

Unit XII Maintaining Records and Statistics,
Keeping records up-to-date,
Maternal Mortality rate; Prenatal mortality rate; causes, prevention, calculation of rate,
Measuring effectiveness of Maternal Health Services,
Comparison of rates with other regions or areas; comparison of rates with State and National Maternal Health indications.

PART C. FAMILY PLANNING AND WELFARE

Unit I Introduction
Concept of Family Welfare Services,
Importance of Family Planning and Welfare-health and socio-economic factors; mortality rates of vulnerable groups,
Human Reproduction and population dynamics
Physiology of Contraception,
Aspects of Family Health and Welfare services,
—maternal health and child Health Services,
—marriage guidance, pre-marital education,
—home economics and nutrition,
—spacing of births limiting births,
—treatment of sterility.

Unit II National Family Welfare Programmes.

Goals, policies, and programmes,
Organisation and set-up of family welfare services–
Central, State, Districts, Primary Health Centre and Sub-Centre level,
Role of Health Worker,
Role of other members of the Health team-coordinating efforts to provide effective services,
Role of voluntary organisation in providing family welfare services.

Unit III Organising Family Welfare Work.
Surveying the community for eligible couple; case finding techniques of reaching the community; working through local organisations and community leaders,
Promoting the small family norm; health benefits of small family; helping people to accept and adopt family planning methods; imparting family planning facts.

Communicating with individual and groups-face-to-face communication; mass media approach conducting group discussions; holding meetings; individual counselling in the home, clinic, health centre, or hospital. Motivating eligible couples; teaching family planning facts; promoting trust and confidence; providing services
Records and Reports
Supervision of dais and community level health workers

Unit IV Family Planning Methods (emphasis on Contraceptives for women) natural chemical, mechanical, surgical, hormonal methods, reported advantages and disadvantages of each method-rhythm method, foam tablets, intrauterine contraceptive devices, abortions and medical termination of pregnancies; oral contraceptives, sterilization temporary and permanent methods, methods requiring medical attention and supervision.

COMMUNITY HEALTH NURSING II

				120 hours
PART	A	Nutrition Education	Theory	15 hours
			Practical	15 hours
PART	B	Health Education	Theory	30 hours
			Practical	30 hours
PART	C	Communication Skills & Audio-visual Aids	Theory	15 hours
			Practical	15 hours

OBJECTIVES

1. To acquire an understanding of the factors involved in nutrition education.
2. To develop skills in imparting nutrition knowledge and practices.
3. To recognize and utilize opportunities for Health Education.
4. To acquire knowledge of the principles and practice of health guidance and education.
5. To be able to function effectively for the promotion of health and family welfare by participating in health education activities.
6. To acquire knowledge of basic communication skills and their application to health work.
7. To be able to select and use appropriate audio-visual aids to strengthen teaching activities.

COURSE CONTENT

PART A. NUTRITION EDUCATION

Unit I Introduction to Nutrition Education.
Factors to be considered in Nutrition teaching; home economics, cultural practices, dietary habits, availability of foodstuff, rural and urban communities.
Principles of nutrition education; determinings, priorities opportunities for nutrition teaching-home, clinics health centres, hospitals, schools, community centres.

Assessing nutritional educational needs of the community determining nutritional needs of vulnerable groups.

Unit II Nutrition Education for Maternal and child Health

Identifying areas requiring emphasis e.g.

Maternal Nutrition — diet in pregnancy points to be emphasised.
— diet for lactating mothers points to be emphasised.
— common nutritional deficiencies in women; improving diet; prevention and treatment of anaemias.

Child Nutrition — breast feeding
introduction of semi-solid & solids feeding schedule.
hygienic aspects of handling and preparing food for infants and children.
dietary requirements-infancy, pre-school phase, school phase, school health nutrition.
nutritional deficiencies in children improving diet; prevention and treatment of common nutritional deficiencies; protecting child from infection-non-nutritional measures.

Unit III Nutrition Education — Methods and Media.

Discussions, meetings, individual guidance, family health education; Cooking demonstrations; feeding programmes; exhibition, model kitchen gardens.

Selection and use of appropriate visual aids ; how to make the message relevant; adaptations of existing visual aids; preparation of low cost aids for nutrition education, factors to be considered.

Unit IV Nutrition Education and Family Health.

Understanding the educational component of the applied Nutrition. Programme–teaching community to produce and grow more food, teaching, community to consume protective foods; health worker's role in strengthening the Applied Nutrition Programme; Kitchen gardens, poultry keeping for family health.

Food Adulteration, practices–teaching simple techniques to detect adulteration practices; knowledge of adulteration practices harmful to health; implications; and action to be taken by individual, family and community.

Selection of foods-locally available resources, within purchasing power.

Methods of Cooking–preservation of nutrients

Hygienic Practices in handling food, and preservation of food.

Unit V Nutrition Education and Diet Therapy

Nutrition education for Chronic illness, Care of the sick and specific Diseases.

Dietary modifications.

Bland diet, Liquid Diet, Soft or semi-solid Diet, Light diet;

Dietary modifications in-Diebetes, Peptic Ulcer, Renal diseases, Hypertension, Heart Disease.
Assisting and guiding Family in selection and preparation of foods for members with special dietary needs.

PART B. HEALTH EDUCATION

Unit I Introduction

Aims of health education; scope of health education,
Concept of health education,
Role of Health Workers, identifying health education, component of Health Worker's functions.

Unit II The Teaching–Learning Process

Concept of Learning–change in behaviour
Characteristics of Learner
Steps in the Learning process; methods of learning
Evaluating Learning
Principles of teaching; methods of teaching,
Principles of motivation
Establishing a favourable teaching–learning situation, understanding factors which promote learning, learning connected with life – relevant learning; learning by doing participation of learner in the teaching–learning situation.

Unit III Approaches Used in Health Education

Individual Approach
Group Approach
Mass Approach
Specific methods and techniques of health education

Unit IV Planning Health Education Activities

Diagnosis of health educational needs: collection of information identification of health problems; determining priorities.
Identifying resources available for health education, and the limitations,
Establishing objective.
Selecting content or message to be conveyed
Selection of method, approach and appropriate teaching aids.
Developing a plan of operation
Organising content; planning appropriate learning experiences
Carrying out plan of operation
Evaluation and follow-up activities.

Unit V Community Resources for Health Education

Community Organisation
Community leadership
Community facilities
Community talents.

PART C. COMMUNICATION SKILLS AND AUDIO-VISUAL AIDS

Unit I Introduction to Communication

Elements of Communication–sender, message, receiver, channel of communication.

Factors influencing communication-factors related to message, sender, receiver, situation, barriers to communication; establishing effective communication channels for health work; distortions, misinterpretations; traditional and modern channels.

Types of communication–verbal and non-verbal; formal and informal; two–way and one–way; face to face communication and mass communications; communication patterns in groups.

Evaluting effects of communication–simple tools and methods; informal techniques.

Unit II Communication Skills for Health Work.

Basic skills for communication; human relations skills listening skills, writing skills, drawing skills. Communication for health work through; talks, broad-casts, role–play, group discussions, demonstrations, puppet shows, displays, exhibitions, communication with individuals, families, groups and large community audiences: interaction and feedback, communications with rural and urban audience; literate and illiterate audience; children and adults; men or women; mixed audience; utilizing traditional vehicles of communication in rural areas e.g. story telling, puppet shows, plays. Communication within health team; oral and written reports;

Accuracy of records and reports; use of language that is effective, concise; communications and learning, Communication with members of the Community – approaches, problems.

Unit III Introduction to Audio–visual Aids.

Audio–visual aids in Health Education Programmes.

Classification of audio–visual aids e.g. graphic aids, three-dimensional aids; activity aids, printed aids; Projected aids, purposes, limitations of audio-visual aids; sources of audio-visual aids-free materials, and inexpensive materials.

Unit IV Selection and Utilization of Audio–visual aids Selecting suitable aids for health work.

Criteria for selection; audience category, purpose situation or setting health worker's skills, resources and facilities available;

Effective use of audio–visual aids in terms of purpose of educational effort–providing information; creating awareness : or developing or changing attitudes; developing skills or abilities; learning how to use audio–visual aids that are commonly available.

Unit V Preparation of audio-visual Aids for Health work Basic skills/competencies; simple drawings; lettering; colouring;

Preparation and use of low-cost graphic aids and 3-dimensional aids; Flashcards bulletin boards low-cost models Khadigraphs graphs and charts pamphlets and leaflets flip charts picture scroll box roller blackboard.

Use of slide projector interpreting messages conveyed by mass media; use of traditional vehicles of communication for village health work.

COMMUNITY HEALTH NURSING III

			345 hours
PART A	Basic Medicine and Pharmacology	Theory	150 hours
		Practical	60 hours
PART B	Health problems and Plans	Theory	15 hours
		Practical	15 hours
PART C	Communicable Disease	Theory	60 hours
		Practical	30 hours
PART D	Mental Disease	Theory	15 hours
		Practical	15 hours

OBJECTIVES

1. To develop the ability to recognize and treat minor ailments
2. To acquire sufficient knowledge of signs and symptoms of diseases of a common, recurrent type, to provide elementary medical care and take appropriate action.
3. To acquire knowledge of drugs commonly used for treatment of minor ailments.
4. To develop the abilty to recognise adverse effects of drugs in common used and take appropriate action.
5. To acquire an understanding of (a) health problems prevalent in the Community (b) national health plans, and (c) role of health workers in the execution of planned health programmes.
6. To acquire an understanding of major communicable diseases and its implications protection and restoration of health.
7. To gain knowledge of practices and techniques related to prevention, eradication and control of communicable diseases.
8. To gain sufficient knowledge of signs and symptoms of mental disease to be able to assist in the primary and secondary preventive aspects of mental illness.

COURSE CONTENT

PART A. BASIC MEDICINE AND PHARMACOLOGY

Unit 1 Introduction
Principles of Medical care and treatment of minor ailments.
Roles and functions of the Health Workers in the health system.
Resources available for treatments of minor ailments
Coordination— understanding referral system.
Seeking guidance and learning opportunities.

Unit II Home Nursing and Elementary Medical Care
Preparing the sick unit/room at home
Hygiene of the Patient- bath, elimination, feeding, activity.
Comfort measures— change of position, rest, recreation,
Observation of the patients-temperature, pulse, respiration, skin, elimination, general condition.
Medications and Simple Treatments
Teaching family members— to assist with care of the sick to take home nursing responsibilities.
First aid kit for the home
Equipment and supplies for home care; Improvisations.

Unit III Treatment of Minor Ailments

1. Examination of the patient; methods of examination taking history of the patient; specific complaints and problems.

   Recognizing signs and symptoms; detecting minor ailments and providing treatment and care; recognizing signs of danger, complications, signs of serious illness; appropriate action to be taken for serious emergencies and critical illness.

   Health Workers role in accidents and disease; management of accidents management and care of the sick.

2. Conditions effecting the skin- signs, symptoms and treatment.
   Itching
   Rashes
   Patches
   Pallor
   Frostbite
   Scabies
   Impetigo
   Boils
   Lice
   Burns
   Wound
   Swelling
   Ulcers
   Bites
   Stings

3. Conditions effecting the Ear and Eye signs, symptoms, treatment.
   Earache
   Discharging Ear
   Foreign body in Ear
   Jaundiced Eyes
   Sore Eyes
   Blurred vision
   Stye
   Eye injuries
   Trachoma
   Dry Eyes
   Watering Eyes
   Red Eyes (inflamed)

4. Conditions effecting the Skeleton- signs, symptoms, treatments.
   Joint pains
   Swelling of the joints,
   Sprains
   Dislocation
   Fractures

5. Conditions effecting the Respiratory Sytem-signs, symptoms & treatment.
Nose bleeding
Foreign body in the nose
Sore throat
Common cold
Cough-with fever
-prolonged
-with blood in sputum
Chest Pain
Shortness of breath
Asphyxia
Tonsilitis
Bronchopmeamonia in Children
Chest injuries

6. Condition Effecting the Gastro-intestinal System Signs, Symptoms and treatment.
Diarrhoea – Mild Worms – hookworms Constipation
– severe roundworms,' Blood in stools
of mucus
Indigestion
and stomachache
Jaundice
Abdominal distention, mouth, Gum bleeding
Toothache, Injuries.

7. Conditions Effecting the Urinary and Endocrine System-sign symptoms, and treatment.
Micturition
- frequency
- painful
- retention of urine
- with blood.
Swelling in neck
goitre
Renal Colic
Enuresis
Incontinance

8. Conditions effecting the Neuromuscular Systems-signs, Symptoms, and Treatment and Temperature-Regulation
Headache-convulsions
- Occasional Paralysis
- Prysistent Unconscious
- Severe ness
Head injuries
Fever – mild
– moderate
– high
Backache
Heat stroke
Heat exhaustion

9. Condition Effecting the Reproducing System-signs, Symptoms, and treatment.
Sores on the genital area
Urethral discharge
Vaginal discharge
Abnormal menstruation
Painful menstruation
Prolapse
Breast Abscess
Breast Lump

Unit IV Basic Medical Care
Chief complaints, basic medical and nursing care in common disorders of.
The Cardiovascular system
The Respiratory System
The Alimentary System
The Urinary System
The Endocrine system
The Skeletal system-and the Neuromuscular System.

Unit V Pharmacology

Introduction to study of pharmacology; sources of drug legislation, preparation of drugs-solutions and suspension; capsule, tablets, pills, powders; liniments, lotions; ointments, pastes; plasters, poultices, Suppositories-Danger of misuse and indiscriminate use of drugs. Weight and measures-metric system; converting from one system to another, calculation of dosages; house hold measures in home nursing-problems of measuring accurately-teaspoon, cup, glass.

Abbreviations in common use; prescription and orders of Medications, Action of drugs-local action; systemic action; factors that influence action; route of administration;

Care of drugs; policies and regulation regarding administration of medicines; role of the health workers.

Classification and action of groups of drugs.

Antiseptic
Disinfectants
Analgesic
Antipyretics

Stimulants
Sedatives
Anticoagulants
Anaesthetics

Antibiotics
Laxatives
Vitamins
Hematinics

Diuretics
Anti-infectives
Hormones
Depressants.

PART B. HEALTH PROBLEMS AND PLANS

Unit I Health Problems

Communicable disease problems
Environmental Sanitation problems
Nutritional Problems
Health problems related to socio-economic factors-poverty, illiteracy
Population problems and health
Health problems in relation to economy and productivity; health problems and quality of life.
Health Workers' role in prevention and control of health problems.

Unit II Organization and structure of Health Services and related Welfare Services.

Health services at Central, State, District Sub-Division, Block and Village level.
Rural health services-Primary Health Centre and Sub-centre
Urban health services-health units in corporations and municipal boards; organization of health services.
Supplemental health services-indigenous medical practitioners, traditional healers and private practitioners.
Voluntary health agencies
International agencies – World Health Organisation (WHO), United Nations International Children Emergency Fund (UNICEF) Food and Agricultural Organisation (FAO)
Community Development Programmes and Health structure and activities at block level.
Social Welfare Services and Programmes

Unit III Health Planning and programmes
Five Year Plan-health sub-sectors in Five year Plans;
Implementation of health plans at village; district, state and national level
Major health programmes, related to :
Malaria, Filaria, Tuberculosis, Leprosy,
Trachoma, Veneral Diseases, Goitre,
Water Supply and Sanitation, and Family Welfare;
Nutrition Programmes.
Role of Health Worker in executing national health plans and programmes.
Identifying functions of health Workers in relation to major national health plans and programmes.
Health Worker's responsilities at village level, sub-centre, level in implementations of health plans and programmes.
Cooperative and coordinating with members of health team social welfare team, village community, and community development team.

PART - C. COMMUNICABLE DISEASES

Unit I Introduction to communicable Diseases
Terminology, Prevalence of communicable diseases
Modes of disease transmission
General measures for prevention and control of communicable diseases
— controlling source of infection
— blocking channels of transmission
— protection of susceptibles
Understanding role of health worker, family, community individual and public health authorities in relation to specific measures-notification, isolation and quarantine, disinfection, and education, of public; victor control.

Unit II Immunity and Immunizations
Purpose, types, effects
Immunization schedule for prevention, of major communicable diseases– Bacillus calmette Guerin (BCG) Smallpox vaccination, Polio vaccine, Diptheria Pertusis Toxoid (DPT) Typhoid–Paratyphoid A and B vaccine
Immunization reactions – Precautions to be taken; use of safe techniques and sterile equipment, testing for sensitivity reaction; emergency treatment for anaphylactic shock-methods of immunization and related techniques.

Unit III Care and Treatment of patient with Infection
Recognition of Signs and Symptoms–common signs and symptoms of infection-fever, pulse changes; urinary signs, respiratory changes, blood changes, gastro intestinal signs and symptoms.
Principles of care and Treatment-rest, diet, modification fluids, hygienic care; medications and treatments; observation of patient; measures for prevention spread of infections.

Home care of a Sick Patient-individual articles for hygienic care, food and fluids, handwashing facilities; protection of cloth safe disposal of excreta; safe disposal of contaminated material e.g., garbage, safe handling of equipment and supplies; disinfection and sterilization. Home and hospital practices.

Unit IV Specific Communicable Diseases and Infections
Symptoms, prevention and control, and care in specific communicable diseases, and infections;
Malaria, Filaria, Dengue; Typhoid; Cholera; Infections Hepatitis; other Gastro-intestinal Infections-Acute Gastro-entritis; Dysentries; Small pox; Chicken pox; Mumps, Measles; Diptheria, Trachoma, Conjunctivities Worm Ingestations-hookworm, roundworm,
Threadworm
Amoebiasis
Rabies
Tuberculosis
Poliomylitis, Pertussis

PART D. MENTAL DISEASES

Unit I Introduction
Normal and abnormal behaviour
Causes of abnormal behaviour -intrinsic factors and extrinsic factors,
Predisposing and precipitating factors
Observation of significant behavioural changes
Where – clinics, health centres, home-visits, school
how – observation, listening, talking to people other methods.

Unit II Resources and facilities for prevention and early detection of mental illness, use of

- family health care services
- maternal and child health services
- school health services
- primary health centre facilities
- community
- health worker as a resource.

Basic skills – human relation, skills; skills in forming effective inter-personal relationships; communication skills-verbal and non-verbal;

Responsibilities of health worker, individual, family and Community for prevention, early detection, care and acceptance.

Unit III Prevention of Mental illness
Recognising problems of Adjustment in various life stages
Childhood
adolescence
adulthood
old age

Stresses, strains, and crisis situations in each stage.

Understanding, Adjustment Reaction–constructive behaviours, psychosomatic behaviours, emotional, nervous behaviours, and destructive behaviours.

Caring for people with problems

Childhood problems –	e.g. fears, nightmares, learning difficulties, destructive ways.
Problems of adolescence –	depression, aggressive ways, individual and group delinquency.
Problems of adults –	family life adjustment problems, marital adjustment problems, occupational maladjusment.
Problems of old age –	problems of economic insecurities, retirement, dependence, aging and diminished vigour.

Observation of individual with deviate behaviour patterns
- withdrawal patterns
- aggressive patterns
- pattern indicating anxieties, depression
- projective patterns.

Unit IV Early detection of Mental Disorders

Recognising signs and symptoms related to

– disturbances of consciousness and sleep –	Confusion, Stupor delirium Coma; and sleep disturbances-insomnia
– disturbances of thinking :	delusions, fantasies, incoherent speech, irrelevant talk; phobias,
– disturbances of orientation :	disoriented in relation to time, place, and person
– disturbances of memory :	Amnesia
– disturbances of perception :	hallucinations, illusions
– disturbances of emotions :	depression, anxiety; hostility mood swings
– disturbances of motor aspects of behaviour :	overactivity, hypo-activity, compulsive activity
– disturbances of personality :	problems related to family life, life pattern, work, personal and social relations.
– disturbances of intelligence :	retarded behaviour in children.

Unit V Mental Diseases

Behaviours indicating :	Psychosomatic diseases; drug dependence, drug addiction, neurotic diseases, psychotic diseases, organic brain diseases, mental retardation, personality disorders.
Basic therapies	
Principles of after-care supervision	
Psychiatric emergencies :	Principles of first aid and emergency care. Preventive aspects of psychiatric emergencies.
Legal aspects	

COMMUNITY HEALTH NURSING I (ii) (MALE)

225 hours

Health Worker (Male)

PART	A	Environmental Sanitation	Theory 45 hours Practical 105 hours
PART	B	Health Statistics	Theory 40 hours Practical 40 hours
PART	C	Family Planning and Welfare	Theory 25 hours Practical 15 hours

OBJECTIVES

1. To acquire further knowledge of environmental sanitation procedures and practices necessary for the promotion of health and prevention of diseases.
2. To develop skills in utilizing knowledge of environmental sanitation measures for the promotion of healthful living.
3. To acquire knowledge and skills in the use of simple statistics as they apply to health.
4. To be able to contribute to the development of a satisfactory system of maintaining vital and health statistics.
5. To acquire sufficient knowledge of family planning and welfare services required for effective participation in Family Welfare work.

COURSE CONTENT

PART – A ENVIRONMENTAL SANITATION

Unit I Basic Sanitation needs at village level, Towns, and Semi-urban areas.
Safe water supply
Sanitary disposal of excreta, waste, refuse
Insect and Rodent control
Housing
Food Sanitation and Hygiene
Communicable Disease Control
Health education aspects-individual, family, community role,
Sanitation measures and techniques
Improving sanitation.

Unit II Disinfection and Disinfectants, Sterilization
Antiseptics, Disinfectants, Deodorant, Detergent, Sterilization.
Natural agents; Physical agents; Chemical agents; Effective disinfection by liquid chemical agent–halogens, coal-tar disinfectants, detergents, oxydizing agents, heavy metals, miscellaneous agents.
Techniques, precautions.
Effective disinfection by solid chemical agents-bleaching powder, lime, and other disinfectants.
Techniques, precautions.
Effective disinfection by gaseous agent–formalic
Disinfection of water, excreta, Health teaching aspects.

Unit III Environmental Sanitation Aspects of Communicable Diseases and Communicable Disease Control.

Malaria
- anti–larval measures, elimination of breeding places, application of oil, synthetic insecticides biological control measures.
- anti–adult mosquito measures–insecticides
- health teaching aspects–individual family, and community education.

Smallpox – epidemiological factors–causative agent, source of infection, mode of spread, incubation period;
vaccination procedures–time of vaccination;
site of vaccination; preparation of skin;
techniques of vaccination, interpretation of result; primary response; no response, and major response; equivocal reaction; contraindications to vaccination.
Early diagnosis of signs and symptoms,
Notification; Isolation, Vaccination, Surveillance, Disinfection, Quarantine;
Health education aspects: Disposal of dead bodies. Disinfection of room, linen and body discharges.

Tuberculosis-Definition, Historical landmarks - prevalence:
Epidemiological factors-source of infection causative agent, mode of transmission, incubation period.
Tuberculin testing–technique and precautions: results.

Bacillus Calmette Guerin BCG vaccination – use of tuberculin syrings; technique of vaccination; site; equipment and supplies; precautions.
Early detection of cases–sputum examination; symptoms and clinical features; mass maniature radiography as a high cost method. Treatment organized home care and treatment domiciliary supervision; health teaching–disposal of sputum in a safe manner; follow-up care.

VENERAL DISEASES Epidemiological features-causative agents and incubation period for syphilis and gonorrhoea, modes of transmission : Social factors.

Control of Venereal Diseases-case-finding case-holding and treatment, social theraphy:

Health education aspects-creating awareness about V.D (Veneral diseases) problem in the community, and motivating infected persons to use health services for treatment.

Other National Health Plan and programmes-role of health worker (male) in execution of national health plans and programmes.

Unit IV Sanitary and Health Measures for Special Situations Fairs and Festivals–general sanitation; water supply;

excreta disposal, refuse disposal: antuly measures; food sanitation, and medical aid; health education opportunities–mass campaigns, exhibitions.

Emergencies Disasters e.g. floods, earth Organizing sanitation during disasters and emergencies; problems of environment sanitation-establishing priorities -ensuring safe water supply; food sanitation; health protection measures; disposal of excreta and waste.

PART B. HEALTH STATISTICS

Unit 1 Introduction

Statistics; Vital statistics; and health statistics sources of vital and health statistics-census; registration of birth, deaths, and marriages, notification of infections diseases; records of health centre and hospital health surveys.

Uses of statistics in community health-illustrations regarding use of statistics.

Definitions–rates; Ratio; frequency distribution; arithmetic mean; and the range. Calculations.

Collection of statistical data–factors to be considered; role of health worker in participating in data collection procedures.

Unit II Health and Vital Statistics

Definition, uses of

- Birth rate
- Death rate
- Specific death rate
- Maternal mortaiity rate
- Infant mortality rate
- Perinatal mortality rate
- Neonatal mortality rate
- Expectation of life birth
- Prevalence rate; incidence rate
- General fertility rate.

Measurements affecting health-nutrition data, housing data, data on social, economic, and environmental factors.

Measurements related to services-preventive services
promotive services
curative services

Graphic representation of data, diagrammatic representation of data.

Unit III Vital Statistics Registration Procedures
Existing systems of registration; defects in the present system.
Registration Act; birth and death certificates.

Specific methods to improve the system of registration of vital events.
Role of Health workers in maintaining complete record of vital events.
Interpretation and use of statistical information.

Unit IV The existing records maintained in sub-centre, main centre and Primary Health Centre under Health & Family Welfare Department.

PART C. FAMILY PLANNING AND WELFARE

Unit I Introduction
Concept of family Welfare Services
Importance of Family Planning and Welfare-health and socio-economic Factors; mortality rates of vulnerable groups Human Reproduction and population dynamics physiology of Contraception Aspects of Family Health and Welfare Services

- Maternal health, child health services,
  Family health care
- Marriage guidance, pre-marital education
- home economics and nutrition
- spacing of births; limiting births
- treatment of sterility

Unit II National Family Welfare programmes
Goals, policies, and programmes
Organization and set up of family welfare services-Central, State District, Primary Health Centre and Sub-Centre level.
Role of Health Workers; special duties of health workers-male.
Role of other members of the Health team coordinating efforts to provide effective services.
Role of Voluntary Organisation in providing family welfare services.

Unit III Organizing Family Welfare Work.
Surveying the community for eligible couples; case findings; techniques of reaching the community; working through local organizations and community leaders.

Promoting the small family norm: health benefits of small family; helping people to accept and adopt family planning methods; imparting family planning facts; dealing with misconception.

Communicating with individual and groups.

Face-to-face communication, mass media approach conducting group discussions; holding meetings individual counselling in the home, clinic, health centre or hospital motivating eligible couples teaching family planning facts; promoting trust and confidence; providing services;

Planning and organizing family planning services :

- home clinic, community ; vasectomy clinics ;
- distribution system for conventional contraceptives
- extension education
- role of health worker in 'Twilight' and Intensive ' area
- records and reports
- supervision of community level health workers (male)

Unit IV Family Planning methods (emphasis on Contraceptives for men) natural, chemical, mechanical, surgical, hormonal methods reported advantages and disadvantages of each method-rhythm method, foam tablets, intrauterine devices, abortions medical termination of pregnancies; oral contraceptives; sterilization.

temporary and permanent methods :

methods requiring medical attention and supervision.

CHAPTER-IV

MIZORAM NURSING COUNCIL

26. RECORD OF PRACTICAL FOR AUXILIARY NURSE-MIDWIFE/MULTI-PURPOSE HEALTH WORKER

Name of the Student Nurse ....

Name of the Institution ....

Date of Admission ....

Date of Completion ....

SUGGESTIONS REGARDING THE USE OF RECORD OF PRACTICAL WORK

The purpose of maintaining a record of practical work is to ensure that the student nurse has been instructed in the various types of nursing procedure and to record whether or not she has performed the procedure to the satisfaction of the ward sister and Sister Tutor. This record provides useful information to appointing authorities regarding the practical experience during training of the individual nurse.

The purpose of keeping record is fulfilled only if entries are made regularly and with care. Every training school should recognise fully the important role of the ward sister in the practical training of the student nurse and make it possible for the sister to devote same time weekly to planned teaching in the ward. The student's record sheet should be marked every week after a discussion with her.

It is very desirable that all procedures should be demonstrated, if not possible in the classroom before they are carried out in the ward. It may not be possible to corelate classroom teaching and ward practice always but a great deal of corelation is possible by close co-operation between the sister tutor and the ward sister. The sister tutor should keep the ward sister informed of what the student has been taught and of what particular practice she needs. The ward sister should inform the sister tutor of any special treatment to be carried out in her ward and of anything else of special interest so that it may be demonstrated if possible to the appropriate group of student nurses.

In the record sheet the procedures are placed in the different period of training. This has been done for guidance. As adjustment will be necessary in any individual school, blank space has been left for entry of work in special wards or of procedures not particularly shown in the sheet.

The student nurse herself should be responsible for getting the sheet filled in and should realise that it is a part of her training to seek opportunities for new experience and practice.

Scrunity of the record sheet by the examiners in the State Examinations and at least a question or two on the procedure for which student is signed up will emphasise the importance of a true record which can also be a teaching aid.

INSTRUCTION FOR MAKING THE COLUMNS

The date should be entered in the appropriate column whether it is demonstration or written demonstration in the classroom as well as in the ward where the ward sister will enter the date of the procedure performed.

PRACTICAL — I	Demonstration	Return Demonstration	Tutor's Signature & date	Ward	Signature of Ward sister & date	Sub-Centre/ P.H.C.	P.H.N. Sister signature & Date
1	2	3	4	5	6	7	8
PERSONAL CARE							
1. Admission of Patient							
2. Bathing adults in bed							
3. Care of Pressure points and prevention of bed sores.							
4. Care of Nails							
5. Care of Hair							
6. Pediculosis Treatment							
7. Mouth care							
8. Giving bedpan							
9. Giving urinal							
10. Making bed without patient							
11. Making bed operation bed							
12. Making bed with patient							
13. Making cardiac bed							
14. Tidiness of patient's Unit							
15. Discharge of patient							
16. Last offices.							
COMFORT MEASURES							
1. Use of air cushion							
2. Use of backrest							
3. Use of bedblocks							
4. Use of Heart Table							
5. Use of Bedcradle							
6. Use of sandbags							
7. Use of Ringpads							
8. Use of Foot board							
9. Changing position of helpless patient							

PRACTICAL – I	Demonstration	Return Demonstration	Tutor's Signature & Date	Ward	Signature of ward sister & date	Sub-centre/PHC	P. H. N. Sister signature & Date
1	2	3	4	5	6	7	8
NURSING POSITIONS							
1. Dorsal							
2. Fowler's							
3. Sims							
4. Prona							
5. Lithotomy							
6. Kneechest							
7. Trendelenberg							
8. Lateral							
LIFTING AND TRANSPORTING PATIENT							
1. By strecher or trolley							
2. Wheel Chair							
HOT AND COLD APPLICATIONS							
1. Application of hot water bag							
2. Application of ice cap							
3. Cold or Tapid sponge							
4. Simple fomentation							
5. Cold compresses							
INHALATIONS							
1. Steam inhalation							
2, Tr. Benzoin inhalation							
3. Oxygen inhalation							
DIAGNOSTIC PROCEDURES							
1. Temperature Taking and Charting							
a) Axilla							
b) Oral							
c) Rectal							

1	2	3	4	5	6	7	8
2. Respiration taking and charting							
3. Pulse taking and charting							
4. Blood Pressure taking & charting							
5. Preparation of patient for							
a) X-Ray							
b) Barium meal							
c) Barium enema							
URINE TESTING							
1. Albumin							
2. Sugar							
ENEMAS AND IRRIGATIONS							
1. Simple enema							
2. Oil enema							
3. Glycerine enema							
4. Bowel irrigation							
5. Use of flatus Tube							
LOTIONS							
1. Calculation							
2. Preparation							
MEDICATION							
Calculation and Administration							
a) Intravenous Injections							
b) Intravenous Infusions							
c) Collection of blood samples							
d) Blood Transfusion							
BANDAGES							
1. Spiral							
2. Reverse Spiral							
3. Figure of eight							
4. Shoulder Spice							
5. Groin Spica							
6. Stump							
7. Knee							
8. Ankle							
9. Elbow							
10. Finger							
11. Thumb							
12. Breast							

1	2	3	4	5	6	7	8
13. Capaline							
14. Neck							
15. Eye							
16. Ear							
17. Jaw							
18. Different uses of trangular bandage							
19. Simple splints							
20. Thomas splint application							
SURGICAL PROCEDURES							
1. Setting of Surgical trolley							
2. Simple surgical dressing							
3. Sitz's bath							
4. Removal of suitures & clips							
5. Suituring of minor wound							
CARE OF PATIENT HAVING SURGERY							
1. Pre-operative care							
2. Post-operative care							
3. Post-operative exercises							
EYE TREATMENT							
1. Irrigation							
2. Fomentation							
3. Instillation of eye drops							
4. Application of eye ointment							
EAR TREATMENT							
1. Instillation of ear drops							
THROAT TREATMENT							
1. Gargles							
2. Painting of throat							
ORTHOPAEDIC PROCEDURES							
1. Preparation and assisting for application of plaster cast							

1	2	3	4	5	6	7
PRACTICAL - II						
GENITO URINARY PROCEDURES						
1. Catheterisation						
2. Care of patient with retention catheter						
3. Assisting and preparation for bladder irrigation						
4. Perineal care						
5. Vaginal Suppositeries						
6. Shaving of Parineum						
PAEDIATRIC PROCEDURES						
1. Cleaning and sterilization of feeding articles						
2. Preparation of formula						
3. Bathing Babies						
4. Weighing Babies						
5. Assessment of Growth and Development						
(a) Height						
(b) Arm Circumference						
(c) Head Circumference						
6. Collection of Urine						
Male						
Female						
MISCELLANEOUS PROCEDURES						
1. Oral Reports						
2. Written Reports						
3. Intake Output chart						
4. Gastro-intestinal suction						
a) Adult						
b) Children						
HELPING IN EXAMINATION						
1. General Physical Examination						
2. Rectal Examination						
3. Vaginal Examination						
4. Taking Health History						
a) Women — 5						
b) Child — 5						
COLLECTION OF SPECIMEN						
1. Urine						
2. Stool						
3. Blood						

1	2	3	4	5	6	7	8
4. Sputum							
5. Pus							
6. C.S.F.							
7. Gastric Contents							
8. Taking M.P. Swear							
9. Taking of Haemoglobin							
DISINFECTION OF							
1. Stool							
2. Urine							
3. Sputum							
4. Vomit							
5. Linen							
6. Instruments							
7. Rubber goods							
8. Glass Ware							
9. Plastic							
STERILISATION OF							
1. Linen							
2. Instruments							
3. Rubber goods							
4. Glass Ware							
5. Plastic							
6. Dressing							
7. Needles							
8. Sutures							
ISOLATION TECHNIQUE							
1. Cubical							
2. Barrier							
NUTRITIONAL NEEDS							
1. Feeding helpless patient							
2. Tube feeding							
IN VALID COOKERY CONGESS							
1. Arrowroot							
2. Sago							
3. Rice							
4. Soji							

1	2	3	4	5	6	7
DRINKS ETC						
1. O.R.S						
2. Egg flip						
3. Barley Water						
4. Vegetable Soup						
5. Dal Soup						
6. Half boiled egg						
MILK PREPARATION						
1. Whey						
2. Butter Milk						
3. Paneer						
THERAPUTIC DIETS						
1. High Caloric diet						
2. Low Caloric diet						
3. High protein diet						
4. Diabetic diet						
5. Bland diet						
6. Liquid diet						
MULTIPURPOSE FOOD						
1. Laddo						
2. Groundnut Powder/Milk						
3. Soyabean Milk preparation						
4. Preservation of food						
IMMUNISATION						
1. B.C.G.						
2. Measles vaccine						
3. D.P.T						
4. Polio						
5. Typhoid						
6. Cholera						
7. Immunisation Programme						
a) clinics – 20 hours						
b) Community organisation – 1						
c) Schools – 2 hours						

FAMILY PLANNING & ITS DEVICES

1. Temporary
2. Permanent
3. Motivating eligible couples – 5 cases

NURSING CARE OF

1. Chronic Patient
2. Patient in plaster cast
3. Patient with fever
4. Paralysed Patient
5. Unconscious Patient
6. Geriatric Patient
7. Child
8. Newborn
9. Premature
10. Patient with Haemorrhage
11. Patient in Shock
12. Patient with fits
13. Patient with Tuberculosis
14. Patient with Malaria
15. Patient with diarrhoea and dysentry

PRACTICAL – III

CASE STUDY

1. Communicable Diseases
2. Deficiency diseases

COMMUNITY HEALTH ACTIVITIES

1. Master File/Charts
2. Survey – 10 families
3. Home visits–10
    - a) Report of home observations
    - b) Interviewing of a patient at home
    - c) Home treatment : Sponge/dressing etc.
    - d) Bag technique
    - e) Home demonstration
4. Home visits or family – 5 homes health case.
5. Home visit for Maternal – 10 health case

1	2	3	4	5	6	7	8
6. Home visits for maternal, health, Antenatal, Postnatal - 10 homes.							
7. Registers, Records & reports maintained at sub-centre & Primary Health Centre.							
8. Health Education with A.V. aids 1) 2) 3) 4) 5)							
9. Nutritional Health Talk 1) 2) 3) 4) 5)							
10. Anganwadi Activities 1) 2) 3) 4) 5)							
11. Training dais/Village Health Guides 1) 2) 3) 4) 5)							
12. Camp Activities 1) 2) 3) 4) 5)							
13. Child Care Clinic - 20							
14. I.U.C.D. Cases - 2							
15. A.N.C. Cases - 30							

16. P.N.C. Cases – 20
17. Conducting – 20 (Including 5 homes delivery, if possible)
18. Witness – 50
19. Vaginal Examination – 5
20. Environmental Sanitation :
    1) Purification of Water
        (a) Large scale
        (b) Small scale

    2) Construction of Latrines
        (a) Sanitary Latrine
        (b) VIP Latrine
        (c) Pit Latrine
    3) Methods of disposal of wastes
        (a) Saokage pit
        (b) Dumping
        (c) Incinerator
        (d) Composting
        (e) Manure pits
        (f) Burial
        (g) Controlled tipping

Signature of the Principal
with Rubber Stamp.

CHAPTER—V

COURSE OF TRAINING

GENERAL NURSING AND MIDWIFERY COURSE

27. The course shall be known as the General Nursing–Midwifery Course.

28. The Examinations shall be conducted under the Mizoram Nursing Council.

29. Prior to approval of Mizoram Nursing Council Bye-Laws students already admitted under the Assam Nursing Council relating to the General Nursing–Midwifery Course shall complete the course under the Assam Nursing Council.

30. PHILOSOPHY :

(I) The International Council of Nurses states that the unique function of the nurses is "to assist the individual sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this is in such a way as to hold him gain independence as rapidly as possible".

(2) Keeping this in mind, the Nursing Council believes that the basic course in Nursing is a formal education preparation which should be based on sound education principles. The Council recognises this programme as the foundation on which the practice of Nursing is built and on which depends further professional education. It also recognises its responsibility to the society for the continued development of students as individuals, nurses and citizens.

(3) The Council believes that a basic course in Nursing should prepare nurses for first level positions in Nursing both in the hospital and the community.

(4) To achieve this, the Council is of the opinion that a good understanding of basic scientific principles, principles of communication and learning are essential, as Nursing is believed to be a profession influenced by scientific and technological advance.

(5) The Council reiterates the importance of clinical/field work in establishing a sound nurse-client relationship and believes that substantial portion of the student's learning experience should be acquired in the clinical/field areas.

(6) The Council recognises Nursing as a Practising Profession inter-dependent on allied professions and occupations for promoting, restoring and maintaining health, and in preventing diseases.

(7) The Nursing Council recognises the necessity of developing a deep pride in the Nursing profession among students to enable further professional growth.

31. PURPOSE :

(1) The purpose of the General Nursing programme is to prepare general nurse who will function as member of the health team beginning with competencies for first level position in both hospital and community.

(2) The programme is geared to the health needs of the country, the community and the individual; and it will serve as a basis for advanced study and specialization in Nursing; it will assist nurses in their personal and professional development so that they may make their maximum contribution to the society as individual citizens and nurses.

32. GENERAL OBJECTIVES OF THE COURSE :

The nurse completing this course will be able to:—

(1) Demonstrate awareness of, and skills required in the Nursing process in the provision of health care and Nursing of patient. They will be competents to:—

- (a) assess the nursing needs of individuals, families and communities throughout life, from birth to death;
- (b) plan appropriate action to meet their needs through competent safe nursing care;

(c) take appropriate action to help people retain or sustain their best possible level of health in all its aspects;

(d) work with other members of the health team and community in promotion of health, prevention of illness, restoration of health and rehabilitation.

(2) Apply relevant knowledge from the humanities biological and behavioural sciences in carrying out health care and nursing activities and functions.

(3) Show sensitivity and skill in human relationships and communication in her daily work.

(4) Demonstrate skill in the use of problem solving methods in nursing practice.

(5) Gain knowledge of health resources in the community and the country.
(6) Demonstrate leadership skills in working with the health team, community and others in the provision of health care.
(7) Demonstrate understanding of and commitment to professional behaviour.
(8) Demonstrate awareness of the necessity of belonging to professional organizations.
(9) Demonstrate ability in self-awareness, self-evaluation in personal and professional life.
(10) Promotion of health, precautions against illness, restoration of health and rehabilitation.

33. SETTING UP OF SCHOOL OF NURSING
(Minimum Requirements)

(1) The following are the minimum requirements for recognition of a school of Nursing for School of Nursing Programme. It shall have teaching staff in proportion to number of students and certain physical facilities laboratories, library and auditorium.

Administrative Head of the School shall be the Principal.
The Principal and the Vice-Principal shall be gazetted Officers.

(2) TEACHING STAFF

(a) A SCHOOL WITH 150 STUDENTS (annual intake of 50)

(i) Principal — one
(ii) Vice-Principal — one
(iii) Tutors — 15

(b) FOR A SCHOOL OF NURSING WITH 60 STUDENTS (annual intake of 20) there should be :—

(i) Principal — one
(ii) Vice-Principal — one
(iii) Tutors — six

For every additional 10 students there shall be one Tutor/ Clinical Instructor.

(c) (i) No school shall be started with less than the intake of 20 students per year.

(3) QUALIFICATION OF TEACHING STAFF

(a) Principal : Masters in Nursing with a minimum of 3 years teaching and administrative experience; if such a candidate is not available a B.Sc. Nursing (Basic or Post-Basic) with 5 years teaching and administrative experience; even if a B.Sc. qualified candidate is not available, a Diploma in Nursing and Administration or any equivalent post basic diploma with 8 years of teaching and administrative experience.

(b) Vice-Principal : Same as above.

(c) Tutors : (i) Masters of Nursing, if not available, B.Sc. Nursing/ Post-Basic B.Sc. Nursing, even if this is not available a candidate with Diploma in Nursing Education & Administration or any other equivalent post basic-Diploma with 8 years of teaching and administrative experience in Nursing.

(ii) The teaching staff shall include Tutors with qualifications in Community Health Nursing, Psychiatric Nursing, Paediatric Nursing and Midwifery Nursing.

(4) In teaching institutions the Nursing Superintendents/Deputy Nursing Superintendents/District Nursing Superintendent shall have the same qualifications as the Principal, Vice-Principal and Tutors respectively.

(5) EXTERNAL LECTURERS : There shall be provision for external lecturers.

(6) ADDITIONAL STAFF

(a) Stenographer	1
(b) UDC cum-Cashier Accountants	1
(c) LDC cum-typist	1
(d) Librarian	1
(e) Asstt. Librarian	1
(f) Laboratory Attendant	1
(g) Chowkidars	4
(h) Driver	1 (for each vehicle)
(i) Cleaner	2
(j) Peons	3
(k) Sweepers	3
(l) Duplicating Machine Operator	1

(m) Provision to be made for having relieving Staff in addition to regular staff according to rules.

(7) BUDGET

School of Nursing shall have a separate budget, i.e. Principal-in charge of the School of Nursing shall be the Drawing and Disbursing Officer and empowered to plan for operating the funds in all different heads as per Government rules and regulations and as deemed necessary for running an educational institution.

34. PHYSICAL FACILITIES

School of Nursing shall have a separate school building. Minimum physical facilities required are suggested below:—

(1) CLASSROOM	:	There shall be at least four classrooms with a capacity to accomodate the number of students admitted in each class. The room shall be well ventilated with proper lighting system, built-in and portable black/green boards. Toilet facilities shall be provided.
(2) LABORATORIES	:	(a) NURSING PRACTICE : There shall be a demonstration room, large enough to accomodate six beds. It should be fully equipped with build-in cupboards, wash basins, electric fittings, etc., (b) Nutrition Laboratory, (c) Clinical Laboratory.
(3) AUDITORIUM	:	The Auditorium shall be spacious enough to accomodate large preferably double the number of current strength to have visiting faculty and senior students. The auditorium shall have proper lighting and arrangements for using audio-visual aids.
(4) LIBRARY	:	(a) The Library shall have comfortable seating arrangement for one third of the total number of students and staff. (b) It shall have proper lighting, heating and cooling arrangements depending on the climate. (c) Sufficient number of cupboards, racks for proper storing of books, magazines, etc. (d) It shall have upto-date references books, text-books, magazines and newspapers.

(5) EXAMINATION HALL/MULTIPURPOSE HALL :

(a) This should be able to accomodate the total number of students.

(b) It should be well ventilated with proper lighting and seating arrangements, heating, cooling and toilet facilities.

(6) OFFICES : (a) For Principal with attached toilet.

(b) Minimum of 6 offices for teaching staff with separate desks and toilet facilities.

(c) Separate office for office staff.

(d) EQUIPMENT : Each office should be adequately furnished. There should be typewriter, filing cabinets, duplicating machine, steel cupboard and telephone facilities.

(7) COMMON ROOMS : Minimum of three common rooms (one for faculty, one for students and one for office staff). Sufficient space with seating arrangements and cabinets for each to lock their articles.

(8) RECORD ROOM : Steel racks and built in shelves

(9) STORE ROOM : To be provided.

(10) ROOM FOR AUDIO-VISUAL AIDS :

For storing and use of the Audio-Visual Aids/slides etc.. there shall be a video section.

(11) DRINKING WATER : Clean and safe drinking water shall be provided.

35. CLINICAL FACILITIES

(1) FIELD PRACTICE AREA

(a) A well set up field-teaching centre with provision for accomodation for 10 students and two staff members;

(b) Transport facility should be provided.

(c) It should have arrangements for security of staff and students such as proper fencing and night chowkidars,

(2) HOSPITAL : The hospital should provide all the clinical learning experiences required for the students from a School of Nursing

(3) SIZE : There shall be a minimum of 150 beds with daily average turn over of not less than 100 in-patients and outdoor and operating rooms.

(4) TYPES OF CLINICAL EXPERIENCE AVAILABLE DISTRIBUTION OF BEDS (a) There shall be a variety of patients of all age groups and at different stages of illness in all the clinical areas.

(b) At least one-third of the minimum number of beds shall be for medical patients and one third for surgical patients. Ten beds should be for gynaecology, 20 for children and 20 for obstetrics. Provision should be made for clinics in family health and welfare and other preventive medicine. The number of beds for men patients shall not be less than one-sixth of the total number of beds with a minimum of 25.

(5) Staffing : (a) Nursing Superintendent — 1
(for minimum of 150 beds)
(b) Deputy Nursing Superintendent — 1
(c) Assistant Nursing Superintendent — 2
(for every additional 50 beds one more Asstt. Nursing Superintendent)

(6) NURSING STAFF FOR WARDS, SPECIAL UNITS AND OUT PATIENT DEPARTMENT

	STAFF NURSE	SISTER	DEPTT. Sr/ANS
(a) Medical Ward	1 : 3	1 : 25 each shift	1 for 3—4 wards
(b) Surgical Ward	1 : 3	1 : 25 ”	-do-
(c) Orthopaedic Ward	1 : 3	1 : 25 ”	-do-
(d) Paediatric Ward	1 : 3	1 : 25 ”	-do-
(e) Gynaecology Ward	1 : 3	1 : 25 ”	-do-
(f) Maternity Ward	1 : 3	1 : 25 ”	-do-
(including newborns)	1 : 1		
(g) Intensive Care Unit	(24:hrs.)	1 each shift	1 Departmental Sister/Assistant Nursing Superintendent 3-4 unit clubbed together.
(h) Coronary Care Unit	1 : 1	1 each shift	
	(24:hrs.)	1 each shift	
(i) Nephrology	1 : 1	1 each shift	
(j) Neurology & Neuro-Surgery	1 : 1	1 each shift	
(k) Special Wards	1 : 1	1 each shift	

(l) Eye, Ear, Nose, Throat, etc.	(24 hrs)	
(m) Operation Theatre	3 for 24 each shift hours per table.	1 Departmental Sister/ Assistant Nursing Superintendent for 4–5 Operation Theatres.
(n) Casualty and (o) Emergency Unit	2–3 Staff Nurse in each shift depending on the No. of beds.	1 Departmental Sister/ Auxiliary Nurse Midwife for Emergency Casualty etc.

(7) OUT PATIENT DEPARTMENT–BASED ON ACTUAL OBSERVATION

(a) Minor operation theatre	1 staff nurse for every 13 patients.
(b) Injection Room	1 staff nurse for every 86 patients.
(c) Surgical	1 staff nurse for every 120 patients.
(d) Medical	1 staff nurse for every 140 patients.
(e) Gynaecology	1 staff nurse for every 35 patients.
(f) Paediatric	1 staff nurse for every 85 patients.
(g) Orthopaedic	1 staff nurse for every 120 patients.
(h) Dental	1 staff nurse for every 120 patients.
(i) ENT	1 staff nurse for every 120 patients.
(j) Eye	1 staff nurse for every 86 patients.
(k) Skin	1 staff nurse for every 100 patients.

Similarly other Out-Patient Department needs to be staffed based on actual observation.

(8) JUSTIFICATION :

(a) Needs may vary from hospital to hospital depending on the size of the hospital and services rendered.

(b) Special attention is needed for supervision of patient care in the evening and night shifts.

(c) 3% leave reserve posts are suggested because a nurse gets 2 off/week, 30 Earn leave and 12 Casual Leave – 2[illegible] days off in a year. It has also been observed that on any working day 25% of the staff is off duty on casual leave, etc. As stated earlier a nurse works for 240 days in a year whereas hospital requires nursing services for 365 days and for 24 hours, which means that 1 1/3 nurse will be required to depth and hence 30% leave reserve is needed.

36. AFFILIATION : When all the required clinical experience cannot be provided in the parent hospital, and the School has to affiliate with another institution, a formal arrangement should be made clearly indicating the purpose of such affiliation.

37. HOSTEL FACILITIES :

(1) BED ROOMS : There should preferably be three students in one room with space for each student being 70 sq. feet carpet area per student. The furniture provided should include separate sleeping, and storage arrangements for each student.

(2) TOILETS AND BATHROOM : Toilets and bathroom facilities should be provided on each floor at the rate of one bathroom and one latrine for six students. In addition, Geysers in bathrooms and hand washing facilties should be provided.

(3) RECREATION : There should be facilities for indoor and outdoor games.

(4) VISITOR'S ROOM : There should be a visitor's room in the hostel with comfortable seating and lighting toilet facilities.

(5) KITCHEN AND DINNING HALL : There should be a hygienic kitchen and dinning hall to seat at least 50% of the total students at one time. Water coolers, refrigerators and heating facilities should be provided.

(6) PANTRY : One on each floor with water coolers and heating arrangements.

(7) WASHING AND IRONING ROOM : One on each floor.

38. WARDEN : Warden should be a residential official.

39. ACCOMMODATION : Residential family accomodation for teaching staff should be provided according to their status.

40. CRECHE : There should be a creche, if possible, for the children of married staff.

41. CANTEEN : There should be provision for a canteen.

42. TRANSPORT : School should have separate transport facilities.

CHAPTER –VI

ADMISSION, SELECTION, HEALTH SERVICES OR GENERAL NURSING & MIDWIFERY

43. ADMISSION – TERM & CONDITIONS :

(1) Age for entrance shall be 16 years to 25 years. For Auxiliary Nurse Midwife/Lady Health Visitor (ANM/LHV) age is relaxable upto 35 years, provided they meet the minimum Educational requirements – 12 years of schooling.

(2) Minimum education – all students should have passed XII class, or its equivalent, preferably with science subjects.
(3) Admission of students shall be once in a year.
(4) Students should be medically fit.

44. ADMISSION SELECTION COMMITTEE :

The Principal of the school shall form a selection committee for which she/he is a chairperson.

45. HEALTH COUNSELLING SERVICES :

There should be a health services for students. This should include provision for :—

(1) An annual medical examination.
(2) Vaccination against typhoid, cholera and such other communicable disease as considered necessary.
(3) Free medical care during illness.
(4) A complete health record should be kept in respect of each individual student. The question of continuing the training of a student with long term chronic illness will be decided by the individual school.
(5) Personal counselling, student guidance and advice on Extra-curricu-, lar activities shall be provided by the staff of the training centre/ school and hostel.

46. VACATION & HOLIDAYS :

(1) Annual Vacation – 30 days
(2) Sick leave – 10 days per annum
(3) Preparatory holiday – 7 days per annum.

N.B. : Sick leave cannot be accumulated from year to year.

CHAPTER – VII

GENERAL NURSING-MIDWIFERY TRAINING PROGRAMME

47. GENERAL NURSING-MIDWIFERY PROGRAMME COURSE

(I) DESCRIPTION OF THE COURSE:

(a) The Course in General Nursing shall be of three years duration, divided as follows :

(b) Two years theory and practice in General Nursing and one year Community Health Nursing and Midwifery. The Auxiliary Nurse Midwife/Lady Health Visitor (ANM/ LHV) who wish to undertake the General Nursing Course will not be given any concession.

(c) The maximum hours per week per student shall be 36 hours which includes instruction and clinical/field experience.

(d) PRELIMINARY PERIOD :

(a) There should be a preliminary period of 12 weeks. During this time she will attend the wards for observation and supervised practice not exceeding 16 hours per week.

(b) An examination to assess the student's ability to continue the course should be held in the 11th or 12 week. Successful candidate only will be allowed to continue the course.

(3) YEAR-WISE DISTRIBUTION OF WEEKS, DAYS AND HOURS IS AS FOLLOWS :

(a)	1st year	: 42 weeks	250 days
(b)	2nd year	: 42 weeks	250 days
(c)	3rd year	: 42 weeks	250 days

Note : Since Sundays are already subtracted. These weeks are for instruction/practice.

HOURS AVAILABLE :

Annually : 42 X 36 hours = 1512 hours

It is recommended that hours of instruction and clinical field experience be divided as follows for each year.

(4)	INSTRUCTION INCLUDING SUPERVISED PRACTICE (HOURS)	CLINICAL FIELD EXPERIENCE
First Year	565	935
Second year	350	1080
Third Year	250	1250
	1165	3265

Total Hours : 4500

48. COURSE OF INSTRUCTION AND SUPERVISED PRACTICE

	INSTRUCTION AND SUPERVISED PRACTICE MINIMUM HOURS
(1) FIRST YEAR	
(a) BASIC SCIENCE APPLIED TO NURSING :	
(i) Anatomy and Physiology	80
(ii) Physics and Chemistry	20
(iii) Microbiology	30
Total :	130

(b) BEHAVIOURAL SCIENCES APPLIED TO NURSING

(i) Psychology	60
(ii) Sociology	30
Total :	90

(c) COMMUNITY HEALTH NURSING - I

(i) Nutrition	30
(ii) Hygiene-personal and environment	40
(iii) Health education and communication skill	10
(iv) Community Health Nursing	100
Total :	180

(d) NURSING

(i) Fundamentals of Nursing	165
Total :	565 hours

(2) SECOND YEAR

(a) Medical/Surgical Nursing - 1 (including Pharmacology) (b) Medical/Surgical Nursing - II (including Gynaecological, Orthopaedic Nursing, Eye, Ear, Nose, Throat, (ENT) Communicable Diseases)	240
(c) Psychiatric Nursing and Mental Health	30
Paediatric Nursing	50
Advanced Nursing Practice	30
Total :	350

(3) THIRD YEAR

(a) Midwifery/alternate course for Male students	100
(b) Community Health Nursing - II	100
Professional Trends and Adjustments	30
Management Nursing	20
Total :	250
Grand Total :	1165 hours

Note : Wherever it is applicable a minimum one third of the total hours has to be devoted to practical work in each subject.

Note : Wherever it is feasible, male students may take midwifery or may elect one six-months clinical nursing course as approved by the Indian Nursing Council.

49. CLINICAL EXPERIENCE

(1) Students may be assigned for observing and practising what they are learning, under careful supervised in the clinical area.

A careful and continuous assessment of a student's knowledge, abilities and attitudes will determine whether she/he should continue in nursing after the first three months on successful completion of a formal school test.

(2) Minimum clinical/field experience required and its suggested placement in the curriculum is as follows :—

Break-up of hours of Clinical experience

CLINICAL AREA	1st Year		2nd Year		3rd Year		Total of each	
	Hrs	wks	Hrs	wks	Hrs	wks	Hrs	wks
Basic Nursing in any area	288	(8)	–	–	–	–	288	(8)
Community Health Nursing	216	(6)	–	–	360	(10)	576	(16)
Medical Surgical Nursing	287	(8)	718	(20)	–	–	1005	(20)
Paediatric Nursing	144	(4)	218	(8)	–	–	362	(12)
Psychiatric Nursing	–	–	144	(4)	–	–	144	(4)
Midwifery	–	–	–	–	890+24		890+24	
	935		1080		1250		3265	

Night Shift : Students must be under the supervision of a registered nurse when assigned to night shift. This assignment should not be given until after the first year and a total of eight weeks during the entire course.

50. RECORDS

The following shall be the minimum records to be maintained for each students :

(1) Admission records.
(2) Health records.
(3) Class attendance.
(4) Clinical and field experience.
(5) Progress reports on assessment in theory and performance each subject and clinical/field experience.
(6) Marks lists
(7) Leave record.

(8) Practical record book for each student.
(9) Commulative record, Final summary at the end of Course.

Note : (a) Frequent assessment in each subject is recommended.
(b) Students must be assessed for competency regularly in clinical/field experience.
(c) A summary of the assessments for each subject and for the clinical field experience should be used to determine the internal marks in the examinations listed below.
(d) The internal marks for each theory and practical must be sent to the Council/Board before each Council/Board Examinations.
(e) The Council/Board shall conduct written and practical examination at the end of each year in the Month of May.

51. SCHEME OF EXAMINATION

			MARKS			DURATION
FIRST YEAR			Total	Internal	External	Hours
Paper	I	: Fundamental of Nursing (including first aid emergency nursing and physics and Chemistry)	100	25	75	3
Paper	II	: Anatomy and Physiology and Microbiology	100	25	75	3
Paper	III	: Community Health Nursing I (includes Nutrition, Psychology, Sociology, Hygiene—Personal and Environmental-Health Education and Communication skills).	100	25	75	3
Practical		: Fundamental of Nursing	100	25	75	
			400	100	300	

SECOND YEAR

		MARKS			DURATION
Paper I	: Medical/Surgical Nursing–I (including Pharmacology)	100	25	75	3
Paper II	: Medical/Surgical Nursing II (including specialities eye, ENT, Gynaecological Nursing, Communicable Diseases and Orthopaedic Nursing)	100	25	75	3
Paper III	: Paediatric Nursing Mental Health and Psychiatric Nursing	100	25	75	3

Practical – II	Medical/Surgical Nursing	100	25	75	
Practical – III	Paediatric and Mental Health, Psychiatric Nursing.	100	25	75	
		500	125	375	

THIRD YEAR

Paper I	Midwifery/alternate course for male students	100	25	75	3
Paper II	Community Health Nursing II (including Professional Techniques Management and supervision.	100	25	75	3
Practical-IV	Midwifery/alternate course for male students.	100	25	75	
		300	75	225	

52. ELIGIBILITY FOR ADMISSION TO EXAMINATION

A candidate shall be eligible for admission to the examination if :-

(1) THE HEAD OF THE SCHOOL CERTIFIES THAT :

(a) She/he has completed not less than eleven months of the course and that her total performance has been satisfactory during that period.

(b) She/he has attended 75% of the formal instructions given on each subject and 75% field experience/clinical experience prescribed must be completed before the final examination (Third year) but the Diploma shall not be awarded until the student has completed the field work requirements.

(c) Her/his record of practical experience is upto-date.

(d) The Head of the School sends to the Council/Board the internal marks for each paper as well as practicals.

53. COUNCIL/BOARD EXAMINATIONS :

Examinations shall be graded on the aggregate marks of the three years programme as follows :-

Distinction	–	80% and above
Ist Division	–	70% – 79%
2nd Division	–	60% – 69%
Pass	–	50% – 59%
Fail	–	Below 50%

54. SUPPLEMENTARY EXAMINATIONS :

The council shall hold supplementary examination after six months of the Annual examination :

(1) If a student fails in one theory paper, she/he may be promoted to next year of study. She/he will sit for a supplementary examination held subsequently in the failed subjects.

(2) After a second failure in the same paper (s) the students may continue in the School at the discretion of the School authorities and she/he may appear for the next examination subsequently.

(3) If a student fails in two or more papers she/he shall repeat the whole year.

(4) Passing in practical examination is compulsory for promotion to next year, and two supplementary examinations each year.

(5) Student will be allowed to sit for one annual examination and two supplementary examinations each year.

55. PRACTICAL EXAMINATION SHALL :

(1) preferably be conducted at the same school of nursing, where she/he is a student.

(2) have Nurse examiners only.

(3) be conducted as far as possible in the actual work situation in a ward or at the Health Centre of village rather than in a classroom.

(4) not more than 12 students should be examined per day.

CHAPTER VIII

SUBJECT OUTLINES FOR GENERAL NURSING – MIDWIFERY COURSE

56. The subject outlines for General Nursing and Midwifery Course shall be as per Indian Nursing Council Revised Syllabus (1986) as shown under section 2 of this Chapter.

57. GENERAL NURSING—MIDWIFERY SYLLABUS :

ANATOMY AND PHYSIOLOGY Hours 80

Course description : This course is designed to help students gain knowledge of structure and functions of the human body, recognise deviations from normal health in order to perform effective nursing care.

Objectives : The Student understands :

(a) The general structure and functions of the human body.

(b) The details of the structure of different systems organs and their functions.

(c) To develop an ability to apply the principles of anatomy and physiology in the nursing practice.

Unit–I Introduction of Anatomical terms.

Unit–II Organisation of body; cells, tissues, organs, systems, membrances and glands.

Unit-III Skeletal system, bones–types, structure functions, axial skeleton, appendicular skeleton, joints classification, structure and functions.

Unit–IV Muscular system-structure and function of muscles, position and action of chief muscles of the body.

Unit–V Nervous system-structure and function of neuron; central nervous system-structure and functions; autonomic nervous system-structure and functions.

Unit–VI Cardio-vascular system :
(a) Blood–composition, clotting and group.
(b) Heart : position, structure, conduction system; functions and cardiac cycle.
(c) Blood vessels, structural differences and positions of chief vessels.
(d) Circulation of blood-systemic, pulmonary, and portal.
(e) Blood pressure and pulse.
(f) Lymphatic system-Lymph vessels, glands, ducts and lymph circulation-lymph tissues in the body-spleen.

Unit–VII Respiratory system ;
— Structure and function of Respiratory oparags organise.
— Physiology of respiration.

Unit–VIII Digestive system :
— Structure and function of organs of digestion and necessary organs.
— Process of digestion and absorption.
— Metabolism-the meaning.
— Metabolism of food constituents.

Unit–IX Excretory system :
— Structure and function of the organs of urinary system.
— Structure and function of skin.
— Regulation of body temperature.
— Fluid and electrolyte balance.

Unit–X Endocrine system :
— Structure and functions of pituitary pancreas, thyroid, parathyroid, thymus supra renals.

Unit–XI Sense organs :
— Structure and functions of eye, ear, nose and tongue.
— Physiology of vision; hearing and equilibrium.

Unit–XII Reproductive system :
Female reproductive system :
— Structure and functions of reproductive and necessary organs.
— Menstrual cycle, menopause and process of reproduction.

Male reproductive system
— Structure and functions.

PHYSICS AND CHEMISTRY

Hours : 20

Course description This course is designed to help students to understand and apply their knowledge of scientific principles in nursing care.

Objectives

1. To acquire such knowledge of the basic principles of physics as related to the functions of the body.
2. To acquire a knowledge of chemistry which will assist in and understanding the body functions and other allied subject i.e. pharmacology, nutrition, etc.
3. To develop an ability to apply these principles in the practice of nursing.

PHYSICS

UNIT-I

UNITS AND MEASUREMENT :

Metric and British system of units, conversion tables.

UNIT-II

FORMS OF MATTER WITH THEIR CHARACTERISTICS APPLICATION TO NURSING OF :

—Surface tension
—Capillary action
—Density, specific gravity, principles of Archimedes, etc.

UNIT-III

MECHANICS

Equilibrium, centre of gravity Levers and pulleys, traction fraction, and principles in body mechanics.

UNIT-IV

PRESSURE

Concept of pressure, hydrostatic pressure, atmospheric pressure and measurement of pressure.

UNIT-V

HEAT :

Unit of heat and temperature-Calorimetry thermometry, changes of state-evaporation, freezing; sterilization, distillation, transmission of heat. Basel Metabolicrate an its measurement.

UNIT-VI

LIGHT :

Reflection and refraction image formation by lens and mirrors, defects of vision and correction. therapeutics uses of light; simple optical instruments.

UNIT-VII

SOUND :

Its nature, sound waves, sound production and detection, defects of hearing, auditory, hearing aids mitigation of noise, music, resonance, stethoscope, etc

UNIT-VIII ELECTRICITY MAGNETISM :

—Nature of electricity and magnetism·
—Heating, electric, lighting and power.
—Electro-medical apparatus, E.E.G., E.C.G. etc. Static electricity, safety precautions.

UNIT-IX IONIZING RADIATION :

X—rays, radioactive isotopes-uses and hazards.

CHEMISTRY

UNIT-I PHYSICAL AND CHEMICAL CHANGES :

—Types of chemical reaction with examples. Inorganic.
—Combination, decomposition, replacement, oxidation in the human system.

UNIT-II OXYGEN AND CARBON DIOXIDE :

—Importance and properties with reference to physiological system.
—Application of radioactive elements;
—Coding and identification of gas cylinders.

UNIT-III SOLUTIONS :

—True and colloidal : Properties of true solution, colloids, emulsion, suspensions, their application.

UNIT-IV IONISATION :

—Theory, water as an ionising agent, water and electrolyte balance in the body.

UNIT-V OSMOSIS :

- Osmotic pressure; isotonic : hypertonic and hypotonic solution–their application.

UNIT-VI ELECTROLYTES – INORGANIC AND ORGANIC :

—Acids. bases, salts and buffers–their properties and application.

UNIT-VII ELEMENTARY CHEMISTRY AND ROLE OF NURSES :

—Common drugs; natural and synthetic; vitamins hormones, Nucleic acids and Nucler protonic, enzymes.

UNIT-III SOURCE OF INFECTION, MODE OF EXIT AND TRANSMISSION OF DISEASES :

Ingestion, inhalation, through skin and mucous membrances and congential; transfer of infection via throat, nose, urine and faces, wounds and discharges, methods of collecting specimens; direct and indirect infection and cross infection.

UNIT-IV REACTION OF THE BODY :

Local, general and specific effects to certain organisms; Immunity-active and passive, immunization schedule.

UNIT-V THE CONTROL AND DESTRUCTION OF MICRO ORGANISM :

- Principles and methods of microbial control.
- Sterilization – dry hear moist heat and chemicals
- Disinfections – physical, natural gases; chemicals used and preparation of lotions.
- Chemotheraphy antibiotics.
- Medical and surgical asepsis, cross-infection:
- Pasteurisation.

UNIT-IV Introduction to laboratory techniques.

- Microscope-parts and its use.
- Inoculation of culture media.
- Staining and examination of slides.
- Preparing and examination of smears.

PSYCHOLOGY

Hours : 60

COURSE DESCRIPTION : This course is designed to hlep students to understand the human behaviour, psychology of learning and concepts of mental health. This will enable her to develop positive attitudes and human relationships in practice of nursing in hospital and community.

OBJECTIVES The students develop a clear understanding of :

1. The concept of mind and dynamics of human behaviour.
2. Personality, mental mechanism and emotions in health and sickness.
3. Learning and the factors influencing it.
4. Application of psychological principles in nursing.

UNIT-I INTRODUCTION

Dynamics of behaviour, motivation and behavioural process of adjustments and mal-adjustments; unconscious behaviour.

UNIT-II PSYCHOLOGY OF HUMAN BEHAVIOUR :

Dynamics of behaviour, motivation and behavioural process of adjustments, adjustments and mal-adjustments; unconscious behaviour.

a. Emotions : in health and disease
   - Normal developments
   - Psychosomatic illness.

b. Attitudes : meaning, development and change, effect of attitude on behaviour; attitude and the nurse.

c. Habits : Meaning, development, habit formation and breaking habit and the nurse.

d. Frustration and conflicts: Sources and nature of frustration, types of conflicts and coping with stress.

e. Defence mechanisms : Meaning, importance and classification.

UNIT–III Personality :

a. Meaning, types, development and growth.
b. Characteristics of various age groups–child, adolescent and adult
c. Will and character.

UNIT–IV Intelligence and related factors :

Mental ability and intelligent behaviour. Nature of intelligence
Development of intelligent bahaviour.
Measurement of intelligence.

UNIT–V Learning :

a. Nature of learning, laws and types of learning, factors promoting effective learning, memory and forgetfulness.
b. Thinking and reasoning :
- Nature and types of thinking and nurse.
- Problem solving and reasoning.

C. OBSERVATION :

Attention and perception, factors affecting observation and errors in perception.

UNIT–VI MENTAL HEALTH :

- Characteristics of a mentally healthy person.

Mental hygiene in infancy and childhood in adolescence and adulthood.

- National Mental Health Programme and role of nurse.

UNIT–VII PSYCHOLOGY IN RELATION TO NURSING :

Different age groups–children adolescent, adults and the aged.

UNIT–VIII SOCIAL PSYCHOLOGY :

a. Group behaviour-social and antisocial behaviour.

b. Inter–personal relationship, inter group relationship and group morale.

SOCIOLOGY

COURSE DESCRIPTION This Course give a basic understanding of sociology and its relevance to Nursing.

OBJECTIVES: The students develop an understanding of :—

a. The concepts of the family as a social unit and the status of the individuals in the family.

b. The dynamics of society and common social problems
c. The socio-cultural and economic aspects of the community.

UNIT-I INTRODUCTION :

THE INDIVIDUAL :

a. Brief review of human growth and development and the effect of environment on childhood, adolescent adulthood and the aged.
b. The rights and responsibilities of the individual in a democratic society.

UNIT-II THE FAMILY :

a. Family as a social institution and basic unit for health services.

b. The family cycle, the importance of interdependence of family members and basic need of the family.

c. Advantages of planned parenthood.

UNIT-III THE SOCIETY

a. Definition and meaning.
b. Group types, structure, inter-group relationship, group cycle, group behaviour, group morale.
c. Social changes, social control, social satisfaction.
d. Rural and urban society.
e. Social problems-unmarried mothers, dowry system, prostitution, drug addiction alcoholism, delinquency and handicapped citizens.
f. Social agencies and remedial measures.

UNIT-IV THE COMMUNITY

Definition, culture, variations of cultural patterns-languages, religion, traditions and customs, mode of living, eating, housing, marriage.

UNIT-V ECONOMY :

a. Brief review of natural resources or the country, occupation, industrialisation, standards of living.

b. Social security.
c. Population explosion–its effect on economy and the need for population control.
d. National income PER CAPITA income and budgeting for a family.
e. Health economics.

COMMUNITY HEALTH NURSING I

HOURS : 30

(First Year)

NUTRITION

COURSE DESCRIPTION This Course is designed to help students to develop understanding of Nutrition as an integral part of total health care programme.

OBJECTIVES : The students acquire an understanding of :

1. Principles of good nutrition and its relation to the body in health and disease.
2. Ability to apply this knowledge in the promotion of health and in the care of the sick.
3. Foods in common use in health and disease and develops skill in the preparation of such foods.

UNIT-I INTRODUCTION

Relation of nutrition to health.

UNIT – II CONSTITUENTS OF FOOD AND ITS FUNCTIONS :

(a) Protein, fat, carbohydrates, minerals, vitamins water. Their sources, functions and daily requirements
(b) Metabolism.
(c) Influence on growth and development
(d) Effect of deficiencies and early detection of deviation from the normal.

UNIT – III FOOD REQUIREMENTS :

(a) The caloric
(b) Methods of calculating normal food requirements influence of age, sex and occupation.
(c) Nutritive value of common food articles.

UNIT – IV PRESERVATION AND STORAGE :

a. Household methods of preserving and storing food.
b. Contamination and its effect on health.
c. Commercially prepared foods and adulteration.
d. Precautions in Selection.

UNIT - V COOKING :

Different methods of cooking and their effect on food and food constituents.

UNIT - VI NORMAL DIET.

(a) Factors influencing selection of food and planning of meals – income and number, age and occupation of family members; cultural habits and religious practices.
(b) Budgeting for food.
(c) Meal planning – sample menu.

UNIT - VII TEACHING GOOD NUTRITION :

Responsibilities, opportunities; applied nutrition programme.

INTRODUCTION TO DIET THERAPY

UNIT - VIII DIET AS A THERAPEUTIC AGENT :

a. Diet in the treatment of disease.
b. Methods of modifying diet in relation to Calorific value increasing and decreasing of constituents by cooking.

UNIT - IX DIET AND THE PATIENT :

a. Enviromental, psychological and cultural factors in accepting diet.
b. Serving of food.
c. Feeding helpless patients.
d. Opportunities for teaching.

UNIT - X HOSPITAL DIETS :

(a) FLUIDS DIETS
- Beverages—tea, coffee, barley water and fruit juice.
-MILK PRODUCT PREPARATION
Whey, curd, butter milk, lactic acid milk.
- EGG PREPARATION
- egg flip, albumin water.
- Soups – bones, vegetable, dhal (pulses), liver.

(b) LIGHT DIETS : toast, poached and boiled eggs, steamed fish.
- Porridge : soft rice preparation khichdi, conjee, sago, iddlies.
- Boiled vegetables, salads, jelly and custard.

(c) SPECIAL DIETS : To be studied with related diseases and disorders and with nursing subjects.

UNIT - XI PRACTICALS :

a. To have an experience in planning and preparation of menus.
b. To have practice in
- Selected therapeutic cookery.

- Planning and cooking of cheap and nutritious food for the treatment and prevention of malnutrition.

HEALTH EDUCATION AND COMMUNICATION SKILLS

Hours : 10

COURSE DESCRIPTION

This Course is designed to help students to acquire an understanding of the basic principles and method of health education and develop an ability to communicate with others.

OBJECTIVES :

1. To develop the ability to recognise and utilize opportunities for informal health education.
2. To develop an ability to communicate with others.

UNIT – I

HEALTH EDUCATION :

a. Meaning and principles.
b. Methods of health education.
c. Opportunities for health education in hospital and community.
d. Role of a nurse as a teacher.

UNIT – II

COMMUNICATION SKILLS :

a. Communication – Meaning and methods of communication – verbal and non-verbal communication.
b. Art of listening and observing.
c. Importance of language fluency.
d. Principles of reporting and recording.

UNIT – III

AUDIO VISUAL AIDS :

a. Definition and need.
b Advantages and disadvantages.
c. Uses of selected aids.
d. Simple teaching aids - preparation and uses

COMMUNITY HEALTH NURSING

Hours : 100

COURSE DESCRIPTION

This course is designed to develop an understanding of concept of health, and to introduce the student to the wider, horizons of nursing in the community in urban and rural areas.

OBJECTIVES :

1. To develop an understanding of positive health and the essentials required of a nurse for community health nursing practice.
2. To develop an ability to apply the principles of nursing care and of healthy living to individuals and families in their homes.
3. To develop an ability to apply the principles and techniques of home visiting.

UNIT - I

HEALTH AND DISEASE

a. Definition and concept of health and disease concept
b. Community Health–definition and concept history and development and the present concept.
c. Primary health care & Health for All by 2000 A.D.

UNIT - II

COMMUNITY HEALTH NURSING :

a. Its history and development in India.
b. Differences between institutions and community health nursing; principles of community health nursing.
c. Qualities and functions of a community health nurse.

UNIT - III

ASPECTS OF COMMUNITY HEALTH NURSING :

a. Family Health Services
  - Maternal and child care, and family planning services.
b. School health services.

UNIT - VI

HEALTH PROBLEM OF INDIA :

a. Causes of poor health
b. National plans to meet the needs.
  - Control and eradication of various diseases.
  - Nutritional programme.
  - Family welfare programme.
  - Water and sanitation programme.
  - Special programmes.

UNIT - V

HOME VISITS :

a. Principle
b. Planning
c. Technique and evaluation
d. Equipment and their care.

UNIT - VI

ADAPTATIONS OF SIMPLE NURSING PROCEDURE AT HOME :

a. Improvision and nursing procedure at home
b. Referral systems – how to develop.

UNIT - VII CLINICS :

Setting up of health clinics.
(a) Organisation
(b) Functions of health personnel in clinics.

UNIT - VIII RECORDS AND REPORTS :

a. Difference; types, values and uses.
b. Legal implications.
c. Preparation and maintenance.

UNIT - IX HEALTH EDUCATION :

Planning and assessment.
a. At home
b. Clinic
c. Hospital.

UNIT - X HEALTH ASSESSMENT

Health assessment of various age groups.
a. Infant
b. Pre-school children
c. Schoolgoing children
d. Aged persons.

UNIT - XI TREATMENT :

Treatment of minor ailments according to the standing orders.

FUNDAMENTAL OF NURSING

Hours : 165

COURSE DESCRIPTION This Course is designed to develop the ability to meet the health needs of individuals and families and to provide comprehensive nursing care. This will enable a nurse to develop the competencies for skilled patient care.

OBJECTIVES

1. To develop an understanding of the concept of comprehensive nursing and to be able to meet the needs of the individual patients.
2. To develop beginning ability to carry out the basic nursing techniques and the care with the application of scientific principles.
3. To develop an ability to communicate effectively and establish good interpersonal relationship.

4. To understand the principles and develop skill in observation, recording the reporting.

5. To develop an understanding of different emergency situations and become skilled in giving first aid treatment to patient. in hospital/community.

UNIT - I INTRODUCTION TO NURSING :

(a) HOSPITAL-Its set up and functions and the health team.

(b) PATIENT - As an individual the reaction of the patient and his family to illness.

(c) NURSING - Basic nursing principles, concept of nursing.

- NURSING - as a community service
- Nature and scope of nursing.

- History and development of nursing in ancient times, early Christian era, middle ages and Modern Nursing.

(d) Nurse Qualities-professional and ethical behaviour expected.

Role and responsibilities of a nurse in the health team.

(e) HEALTH AGENCIES : hospital and community

(f) HOLISTIC APPROACH to nursing.

UNIT - II THE PATIENT AND HIS ILLNESS :

(a) Introduction to care of the sick.
(b) Admission of a patient.
  - Patients unit - set-up and care.
  - Admission procedure and reception of patient.
  - Care of patient's belongings.
(c) Maintaining therapeutic environment.
  - Temperature
  - Lighting
  - Noise and humidity
(d) Psycho social environment.
  - Meaning and its importance
  - Aesthetic consideration in the environment, colour schemes, beauty and flower arrangements.
(e) Discharging a patient
  - Preparation of the patient-physically & mentally
  - discharge procedure
  - hospital policies.
  - preparation of the relative of the patient for discharge.

(f) The dying patient
- Signs and symptoms of approaching death.
- needs of the dying patient and his relatives.
- Care of the dying and faces the last offices.

UNIT - III BASIC NURSING CARE NEEDS OF THE PATIENT :

1. HYGIENIC NEEDS

(a) Importance of maintaining good personal hygiene in health and disease.
(b) Nurses role in maintaining good personal hygiene.

2. PHYSICAL COMFORTS

(a) Meaning and its importance in health and disease.
Factors promoting and inhibiting physical comforts.
–Comfort devices and their use.
(b) Positions for comfort and positioning
(c) Beds and bed making – factors to be considered in selecting and making bed – different types of beds and their uses.
(d) Principles of lifting and moving patients in bed

3. NUTRITIONAL NEEDS :

(a) Importance of diet in health and diseases.
(b) Factors affecting the normal nutrition in sickness.
(c) Nurses role in maintaining good nutrition.
(d) Feeding helpless patients.

4. ELIMINATION NEEDS :

(a) Problem in sickness.
- Constipation and diarrhoea.
- Retention and incontinence of urine
- Nurses role.

5. ACTIVITY AND EXERCISE :

(a) Importance of activity and exercise in health and sickness.
- active and passive exercise.

(b) Bed sores-causes, signs and symptoms prevention and nursing care.

6. SAFETY NEEDS
7. COMMUNICATION NEEDS
8. PSYCHOLOGICAL AND SPIRITUAL NEEDS.

UNIT – IV THERAPEUTIC NURSING CARE :

1. Asepsis-medical and surgical
2. Treatments related to cardio-vascular system.
3. Respiratory system.
4. Gastro intestinal tract.
5. Genito - uninary system.
6. Nervous system
7. Muscular skeletal system.
8. Eye and E.N.T.
9. Skin and mucous membrane.

UNIT – V OBSERVATION AND ASSESSMENT OF PATIENT :

1. Principles, process and importance of observation and developing skill in observation.
2. Observation of physical and physiological state, height, weight, posture, speech and level of consciousness, observation of common signs and symptoms.
3. Psychological observation
   - Mood, intelligence and emotion
   - Characteristics of normal behaviour and deviation.

4. PHYSICAL EXAMINATION AND NURSES ROLE

5. BODY DISCHARGES :

   - Urine and stool – Normal and abnormal characteristics.
   - Sputum and vomit
   - Collection of specimens-routine and culture examination.

6. VITAL SIGNS :

   - Temperature, pulse and respiration.
   - Blood pressure.
   - Characteristics of normal and abnormal and factors influencing the variation.

7. RECORDING AND REPORTING :

   - Types and important records and reports and nurses role.

UNIT-VI BASIC NEEDS IN SPECIAL CONDITIONS :

1. Care of patient with fever.
2. Unconscious patient.
3. Patient with fluid imbalance.

4. Patient with communicable disease.
5. Dysponea patient.
6. Principles of pre and post operative care.

UNIT–VII FIRST AID AND EMERGENCY NURSING :

1. INTRODUCTION

(a) Importance of first aid and its rules of first aid.
(b) Concept of emergency.

2. FIRST AID IN EMERGENCIES :

(a) Fire, burns, fractures, accidents. poisoning, drowning, haemorrhages, insect bites, foreign bodies.
(b) Transportation of the injured.
(c) Bandaging and splinting.

3. COMMUNITY EMERGENCIES AND RESOURCES :

(a) COMMUNITY EMERGENCIES :

Fire explosions, floods, earthquake, famine.
—Immediate and later role of nurse.
—Need for rehabilitation.

(b) COMMUNITY RESOURCES :

Police assistance.
—Voluntary agencies, local, national and international agencies.
—Ambulance service-their function in relation to emergencies.

MEDICAL–SURGICAL NURSING—I & II

HOURS : 240

MEDICAL SURGICAL NURSING–I

COURSE DESCRIPTION : This Course is designed to help students to acquire an understanding of various medical-surgical disorders, and their treatment. Students will be able to give comprehensive nursing care to patient in the medical surgical wards.

OBJECTIVES : To help the students

1. To acquire an understanding of the causes, symptoms, treatment and prevention of medical and surgical diseases commonly seen in the hospital and community.

2. To develop an ability to carry out Nursing techniques with application of scientific principles.

3. To develop skill and right attitude in giving comprehensive care to patients with medical and surgical diseases. The study of medical-surgical nursing should include :

1. Application of principles from allied sciences including social, preventive and rehabilitative aspects.

2. The causes, signs and symptoms, diagnostic assessment, treatment including diet and drug therapy.

3. The related nursing procedures specific to the patient care needed in the hospital and home.

UNIT-I INTRODUCTION :

Brief history of evolution of modern medicine.

UNIT-II CAUSES OF DISEASES :

Congential defects : heredity, age, trauma, infections, poisons.
—Metabolic disorders.
—Endocrine disorders.
—Nutritional deficiencies and dietary excess.
— Neoplasm.
—Emotional stresses.
—Social and environmental factors.

UNIT-III REACTION OF BODY TO DISEASES :

—Inflammation.
—Haemorrhage and thrombosis and embolism.
— Shock
— Disorders of growth
— Tissue changes
— Neoplastic changes.

UNIT-IV MODERN SURGERY

— Brief history of development
— Surgical routine
— Anaesthesia-general, spinal and other complications of anaesthesia and surgery
— Asepsis, and antiseptic techniques and control of infection.
— Pre-operative and post-operative care.

UNIT-V PHARMACOLOGY INTRODUCTION :

Laws regulating drugs-national, international
Pharmacopias.
Pharmaceutical preparations
Sources of drugs

Weights & measures
Prescribing of drugs
Administration of drugs
Action of drugs
Factors influencing action of drugs
Grouping of drugs
Care of drugs

UNIT-VI DISORDERS OF THE RESPIRATORY SYSTEM :

Asthma; Pneumonia lung abscess, pleurisyemphsema, bronchiectasis pulmonary tuberculosis, tumours.

— common diseases of the respiratory system
— Causes, signs and symptoms treatment and common complications
— Diet therapy
— Drug therapy
— Preventive and rehabilitative aspects.

UNIT-VII CARDIO VASCULAR SYSTEM :

Diseases of Heart :
— Cardiac arrhythmias
— Cardiac arrests
— Heart block
— Pericarditis, myocarditis and endocarditis
— Congestive heart failure
— Hypertension
— Angina pectoris
— Valvular diseases

VASCULAR DISEASES

— Raynauds and Buerger's disease
— Arterioscierosis
— Atherosclerosis
— Varicose veins and anemrysms

BLOOD DISEASES :

— Anoemia
— Leukemia
— Agranulocytosis
— Haemophilia
— Hodgkins Disease

BLOOD TRANSFUSION :

— Indications
— Grouping and matching
— R.H. factor
— Plasma
— Precautions in administration
— Blood Bank

UNIT-VIII GASTRO-INTESTINAL SYSTEM :

Diseases of mouth and oesophagos

- Stomatitis, gingivitis and parotitis
- Tumours
- Dental caries
- Obstructive conditions of the oesophagos
- Malignancy
- Hiatus hernia

DISEASES OF THE STOMACH AND INTESTINAL TRACT :

- Gastritis
- Peptic ulcers
- Enteritis
- Colitis
- Appendicitis
- Tuberculosis
- Hernia
- Fistula and fissures in ano
- Haemorrhoids
- Ischio-rectal abscess

DISEASES OF LIVER, SPLEEN, GALL BLADDER AND PANCREAS :

- Hepatitis
- Cirrhosis of liver
- Liver abscess
- Cholecystitis
- Tumours
- Hepatic coma
- Spleenomegaly
- Pancreatitis
- Carcinoma of liver and pancreas

UNIT - IX MUSCULO - SKELETAL SYSTEM ;

DISORDER AND DISEASES OF BONES AND JOINTS :

- Sprains
- Dislocations
- Fractures (splints, casts, internal fixation)
- Arthritis
- Osteomyelitis
- Tumurs
- Tuberculosis
- Deformities (bone-grafts arthodesis amputation, prosthesis)

UNIT-X GENITO-URINARY SYSTEM :

DISEASE OF KIDNEY, URETER, BLADDER AND URETHERA

- Congenital abnormalities
- Acute and chronic nephritis

- — Nephrosis
- — Uraenria
- — Tumours
- — Obstruction
- — Tuberculosis
- — Injury
- — Pyelitis and peylonephritis
- — Cystitis
- — Disorders of micturition
- — Urethritis
- — Cancer penis

DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM :

- — Inflammation of testes, epididymis and prostate glands
- — Prostatic hypertrophy
- — Abnormalities and diseases of testes and adjacent structures
- — Malignancy

UNIT-XI NERVOUS SYSTEM :

DISEASES OF BRAIN :

- — Headache, migraine
- — Epilepsy
- — Tumours
- — Chorea
- — Parkinsonism
- — Meningitis
- — Encephalitis
- — Brain abscess
- — Injury, cerebro-vascular accidents-haemorrhage, embolism and thrombosis

DISEASES OF SPINAL CORD :

- — Myelitis
- — Injuries
- — Tumours
- — Spinal cord compressions

DISEASE OF NERVES :

- — Neuritis and neuralgia
- — Myasthenia - gravis
- — Sciatica
- — Heat stroke, heat exhaustion and hydrophobia

UNIT-XII — ENDOCRINE SYSTEM, METOBOLIC DISORDERS, DEFICIENCY DISEASES :

DISEASES OF ENDOCRINE GLANDS :

- — Hyper and hypo secretions of
- — Thyroid
- — Parathyroid

— Pituitary
— Adrenal gland
2. Cysts
3. Tumours
Metabolic Disorders :
— Diabetes mellitus
— Obesity
— Gout

DEFICIENCY DISEASES :

1. Common deficiency diseases.
2. Their prevalence in India
3. Early symptoms, prevention and treatment.

UNIT - XIII THE SKIN DISEASES OF SKIN :

— Allergy
— Congenital abnormalities
— Eczema
— Infections
— Psoriasis & pemphigus
— Tumours

DISORDERS OF THE SKIN :

— Burns, including radiation burns
— Scalds
— Plastic surgery

UNIT - XIV OPERATION THEATRE :

1. General set up of operation theatre and team
2. Theatre technique operative- handwashing, gowning and gloving.
3. Preparation of theatre equipment and instruments in common use.
4. Theatre technique.
5. Role of a nurse in care of patient in the theatre.
6 Principle of recovery room care.

UNIT - XV INTENSIVE CARE NURSING :

1. Concept
2, Principles of intensive care nursing.
3. Role of a Nurse in I.C.U.
4. Common gadgets use in I.C.U./C.C.U - Cardiac monitors, Birds, respirator, defibrillor etc.

UNIT - XVI ONCOLOGY NURSING :

I. Introduction
2. Incidence of cancer in India
3. Various modalities of cancer therapy

MEDICAL – SURGICAL NURSING–II

COURSE DESCRIPTION This course is a continuation of Medical surgical Nursing, aims at understanding of the diseases and disorders of the female reproductive system, eye, ear, nose and throat conditions including communicable diseases and the nursing care.

OBJECTIVES :

1. To develop an understanding of the diseases and disorders of the female reproductive system.
2. To develop an understanding of the diseases of eye, ear, nose and throat.
3. To develop an ability to carry out treatments related to the systems and give comprehensive nursing care.
4. To develop an understanding of the problem and management of communicable diseases.

UNIT – I

SEX LIFE :

— Health hygiene
— Fertility and infertility
— Sterilisation

UNIT – II

DISEASES AND DISORDERS OF FEMALE REPRODUCTIVE SYSTEM INCLUDING BREASTS :

— Infections
— Cysts, tumours and fibroids
— Abortion
— Ectopic pregnancy
— Vaginal fistula
— Erosion of cervix
— Venereal disease

DISORDERS :–

— Abnormalities of menstruation
— Menopause

BREAST :

— Mastitis
— Breast abscess
— Tumours
— Malignancy

UNIT—III

SPECIAL SENSES THE EYE :

— Eye health
— Testing vision
— Refraction
— Blindness–causes and prevention
— Community services.

DISEASES AND DISORDERS OF EYE ;

— Conjunctivitis
— Stye blepharities
— Dacro systitis
— Glaucoma
— Cataract
— Retinal detachment
— Corneal lesions and tumours
— Injury and haemorrhage

DISEASES OF THE EAR :

— Wax
— Foreign bodies
— Furunculosis
— Fungal infections
— Otitis media
— Injuries and deafness
— Mastoiditis
— Otosclerosis
— Menieres syndrome

DISEASE OF NOSE AND THROAT :

— Rhinitis
— Deflected septum
— Sinusitis
— Allergy
— Adenoids
— Laryngitis
— Tonsilitis
— Pharyngitis
— Injury

UNIT—IV

COMMUNICABLE DISEASES :

Diseases caused by :

1. VIRUS – measles, influenza, chickenpox, smallpox, mumps, infective hepatitis, poliomyelitis

2. BACTERIA – Diptheria, whooping cough, tetenus, leprosy, typhoid, dysentery, gastro-enteritis and cholera.

3. ZOONOSE – Kala azar, plague, relapsing fever and rabies.

4. MOSQUITO :Malaria, filaria, yellow fever and dengu fever.

5. SEXUALLY TRANSMITTED DISEASE : Gonorrhoea, syphilis, AIDS, chancroid, lympho-granuloma venereum and granuloma inguinale.

PSYCHIATRIC NURSING

Hours : 30

COURSE DESCRIPTION This course is to help students develop concept of mental illness and psychiatric nursing and to teach the current methods on management of mentally ill patients.

OBJECTIVES :

1. To acquire knowledge of the course of mental health and how these can be prevented.
2. To develop an ability to recognise deviations from normal mental health.
3. To develop a desirable attitude towards the mentally sick.

UNIT - I INTRODUCTION AND REVIEW :

— Meaning of mental illness
— Review of mental health and mental mechanisms.

UNIT - II MENTAL ILLNESS :

History and trends in care.
— Etiology of mental illness and contributing factors.
— Legal aspects in the care of the mentally sick.

UNIT - III COMMUNITY RESPONSIBILITY :

— Attitudes towards mentally ill
— Misconceptions towards mentally ill
— Health and social services for the mentally sick.

UNIT - IV DIAGNOSIS :

— Early recognition of deviations from the normal
— Classification of mental disorders.
— Signs and symptoms of common mental illnesses.

UNIT-V MANAGEMENT :

(a) Physical therapy
 – Drug therapy, narco-analysis, shock therapy.

(b) Psycho-therapy
 hypnosis, dsychoanalysis, behaviour therapy, recreational and social therapy, occupational therapy.

(c) Legal aspects of psychiatric nursing.

(d) Rehabilitation

- acceptance of the cured patient by the family and the community.
- re-employment
- follow up

UNIT-VI ROLE OF THE NURSE :

The role of the nurse in hospital and community in psychiatric nursing :—

(a) ATTITUDE TO MENTAL ILLNESS :

- Adaptation required in meeting basic and nursing needs.
- Ways of meeting aggression and violent behaviour
- Depression
- Withdrawal and mania
- Prevention of accidents amongst mentally ill
- Observation reporting and recording.

(b) LEGAL ASPECTS OF THE CARE OF MENTALLY SICK PATIENTS :

- Procedure for admission into and discharge from mental hospitals.

PAEDIATRIC NURSING HOURS : 50

COURSE DESCRIPTION

This Course is aimed at developing an understanding of the modern approach to child care, the common health problems of children and to be able to meet the needs of children in health and sickness.

OBJECTIVES :

1. To understand the modern concept of child health and the principles of child care.
2. To develop an understanding of normal growth and development of children and enable to recognise deviations from the normal.
3. To develop skill in meeting the needs of sick as well as healthy children.

UNIT-I INTRODUCTION :

Modern concept of child health.

- Changing trend in paediatric nursing.
- Changing trend towards hospital care– promotive, preventive and curative aspects of child health.
- Hospital environment for a sick child.
- The role of a paediatric nurse, the concept of child care.

UNIT–II THE HEALTHY CHILD :

(a) Growth and development from birth to adolescence

- Importance of understanding growth and development.
- Growth & development factors.
- Assessment of growth and development,
- Early detection of deviation from the normal.

(b) Nutritional needs of children

- Nurses responsibility to meet the nutritional needs.
- Planning diet for different age groups

(c) Accidents–Principal causes and prevention.

(d) Value of play and selection of play and selection of play Materials

(e) Review of immunization schedule.

UNIT–III THE INFANT :

(a) Care of the umbilical cord, skin, eye, mouth, buttocks and clothing.

(b) Disorders of infants.

- Vomiting
- Diarrhoea
- Convulsions
- Distension

(c) Recognition and management of congintal anomalies.

- Causes, prevention and management
- Preparation of the parents
- Parent counselling.

(d) Breast feeding
- Importance and principles
- Preparation of mother
- Difficulties in breast feeding
- Factors inhibiting and promoting lactation.

(e) Introduction of solids
- Developing healthy food habits
- Customs and taboos in relation of food habits
- Diet of healthy child

(f) Artificial feeding.
- Reason, importance and maintenance of hygiene
- Modification and feeding technique
- Common problems

UNIT - IV THE SICK CHILD :

(a) The manifestation of illness in the child, including early deviation from normal.
- Assessment, planning and meeting the needs of the sick child.
- adaptation of procedures
- the role of the mother

(b) concept of neo-natal surgery
- preparation of parents for surgery of the infant child.
- pre and post operative care.

UNIT - V DISEASES OF CHILDREN :

Etiology, signs and symptoms; medical and surgical management; nursing care; complications; diet and drug therapy; prevention and treatment of children with diseases.

(a) GASTRO-INTESTINAL SYSTEM :

- Thrush
- Gastro. enteritis-acute and chronic diarrhoea
- cleft lip and cleft palate
- oesophageal atresia and fistula
- pyloric stonosis
- hernia
- intussusception, megacolon, appendicitis imperferated auns
- rectal atresia and recto-vaginal fistula
- rectal prolapse
- vol-vulus
- jaundice
- worm infestation

(b) RESPIRATORY SYSTEM :

- foreign bodies
- common cold, cold, ceryza and rhinitis
- tonsils and adenoids
- croup, influenza
- bronchitis, pneumonia, emphysema etc.

(c) GENITO-URINARY SYSTEM :

- Nephritis, nephrotic syndrome, nephrosis
- opispadiassis, hypospadiais, phymosis and undescended testes

— extrophy of bladder
— pseudeporma, phriditism (odrenogenital syndrome)
— wilms tumour, post, urethral valve.

(d) CARDIO-VASCULAR SYSTEM :

— patient ductus arteriousus
— atrial septal defect
— ventricular septal defect
— fallets tetrology
— transposition of great vessels
— rheumatio fever

(e) NERVOUS SYSTEM :

— Convulsions
— Meningitis
— Encephalitis
— Epilepsy
— Cerebral palsy
— Mental retardation
— Hydrocephalus
— Spinabifida, meningocele
— Mongolism

(f) EYE AND EAR :

— Conjunctivitis
— Squint
— Congenital cataract
— Visual defects
— Defects of eye-lids

— Retrelental fibre plasis
— Otorrhea
— Deafness
— Otitis media

(g) NUTRITIONAL DISORDERS :

— Marasmus
— Kwashiorkor
— Anaemia
— Vitamin deficiencies

(h) COMMUNICABLE DISEASE :

— measle, smallpox and chickenpox
— poliomyelitis
— mumps
— tetanus
— diptheria and whooping cough
— infective hepatitis

(i) MALIGNANCIES :
- Leukemia
- Haemophilia

(j) ENDOCRINE DISEASES :
- diabetes inspidus
- dwarfism

(k) BURNS :

(l) ORTHOPAEDIC CONDITIONS :
- fractures
- club feet or talipes oquinevarus

(m) SKIN CONDITIONS :
- Fungus, impetige
- Scabies, eczema, ringworm
- Moulds and warts
- Congenital syphilis
- Furunculesis
- Allergy
- Pediculosis

(n) PSYCHOLOGICAL DISORDERS AND PROBLEMS :
- Enurisis
- Tic
- Speech defects
- Headache
- Thumbsucking
- Bed wetting
- Son nimbulism
- Delinguency

Unit VI THE HANDICAPPED CHILD

- Importance of early diagnosis
- Care of the physically and mentally handicapped child
- Deprived child
- Rehabilitation
- Community facilities
- Adoption laws
- Foster homes and orphanages
- The battered child syndrome

MIDWIFERY

Hours : 100

Course description — This Course is designed to prepare a nurse to acquire knowledge and develop skill to meet the needs of women during the entire period of pregnancy, labour puerperium and also to care for the newborn in the hospital and the community.

Objective THE STUDENTS :

1. Acquire an understanding of the physiological changes in pregnancy, labour and puerperium
2. Understand the principles of antepartum inter pertum and post partum care, and be able to give comprehensive care to mothers in the hospitals and the community.
3. Develop skill in conducting the normal labour.
4. Understand the deviation from the normal and take appropriate action and assist in care.

CLINICAL FACILITIES FOR TRAINING IN MIDWIFERY :

The minimum numbers of beds shall be 20, and the minimum number of deliveries per annum 400. The ratio of deliveries to total number of students shall not be less than 35.1.

There should be provision for clinical experience in ante-natal and post-natal care; deliveries; domiciliary midwifery; and at ante-natal and post-natal clinics. This should include both normal and abnormal midwifery. The clinical field, both hospital and community, should be sufficiently well equipped for a good standard of patient care to be given. There should be satisfactory arrangements for the nursing of septic patients.

CLINICAL EXPERIENCE :

During the period of training, each student midwife shall :

1. Have four weeks in the post-natal wards (incuding new borns);
2. Conduct ante natal examinations on not less than 30 women;
3. Receive clinical instruction in the conduct of labour witnessing not less than ten deliveries before conducting one herself;
4. Conduct not less than 15 deliveries including 3 in the home;
5. Must have practice in performing an episiotomy and suturing a first degree tear;
6. Nurse not less than 15 lying- in women and their babies during the puerperium;
7. Be required to make five vaginal examinations;
8. Have a minimum of five attendance at an ante natal and post natal

Unit-I INTRODUCTION :

(a) Historical review.
(b) Development of maternity services.
(c) Morbidity and mortality rates and their significance.

Unit-II REVIEW OF REPRODUCTIVE SYSTEM AND EMBRYOLOGY :

(a) The female pelvis and generative organs;
(b) Menstrual cycle.
(c) Maturation, fertilization and implantation of the ovum.

(d) Formation of foetal membranes and placenta.
(c) Foetus development and foetal circulation
(f) Foetal bones, sutures and fontanelles.
(g) Measurement.

Unit-III NORMAL PREGNANCY :

(a) Physiological changes due to pregnancy
(b) Signs, symptoms and diagnoses.
(c) Influence of hormones.
(d) Pre-natal care.

— Objectives
— History taking
— calculation of expected date of delivery.
— routine examinations.

(e) Care and advice regarding
— diet in pregnancy
— ante natal exercises.
(f) Minor disorders of pregnancy
— Alleviation of discomfort.

Unit-IV DISEASES ASSOCIATED WITH PREGNANCY

(a) Cardio vascular
(b) Urinary
(c) Respiratory
(d) Metabolic
(e) Nutritional deficiencies.
(f) Sexually transmitted diseases.

Unit-V NORMAL DELIVERY (PREPARATION)

(a) Requirements for mother and baby
(b) Preparation of the patient and delivery room–hospital and home.
(c) Psychological preparation of mother and family.

Unit-VI NORMAL LABOUR

(a) Onset of labour
(b) Physiological changes
(c) Mechanisms
(d) Stages of labour
(e) Technique of vaginal examination
(f) Management of labour and nursing care of mother in labour.

Unit-VII PUERPERIUM :

(a) Physiology
(b) Management of puerperium and nursing care
(c) Postal-natal examination and care.
(d) Care of episiotomy

(e) Establishment of breast feeding
(f) Post natal exercises.
(g) Minor ailments and management.
(h) Family welfare.

Unit-VIII CARE OF NEWBORN

(a) Establishment of respiration
(b) Care of cord eyes and skin
(c) Examination of the newborn
(d) Examination for defects.
(e) Care of premature
(f) Minor ailments.

Unit - IX ABNORMAL MIDWIFERY :

(a) PREGNANCY

- Complication of pregnancy-medical and gynaecological
- contracted pelvis
- Haemorrhages
- Abortions.
- Ectopic gestalion
- Hydatidiform mole
- Antepartum haemorrhage.
- Toxaemias of pregnancy and management
- Multiple pregnancy and management.
- Polyhdromnios.

(b) LABOUR COMPLICATIONS :

1. Malpresentations and Malpositions.
   - Occipito posterior position
   - Breach and shoulder
   - Face and brow
   - Cord presentation and prolapse.
2. Obstructed labour.
3. Obstetric shock - ruptured uterus
4. Multiple pregnancy - management and nursing

(c) OPERATIVE PROCEDURES :

1. Version - Internal and External
2. Episiotomy
3. Forceps
4. Vacuum extraction
5. Caesarean saction
6. Embryotomy
7. Medical Termination of Pregnancy (M.T.P)
8. Repair of periniel and cervical tear.
9. Laproscopy
10. Mannual removal of placenta

d. PUERPERAL SEPSIS AND MANAGEMENT :

1. Causes, signs and symptoms.
2. Management and nursing care.

e. ABNORMALITIES OF NEWBORN AND MANAGEMENT :

1. Major and minor disorders.
   - — Asphysia neonatorum
   - — Haemolytic diseases.

   Rhesus factor (Rh factor)
2. Infections of newborn
3. Birth injuries.

Unit – X DOMICILIARY MIDWIFERY :

1. Planning for domiciliary programmes.
2. Home confinement
3. Family planning devices and role of the midwife.

Unit – XI MISCELLANEOUS -

1. Drugs used in midwifery
2. Anaesthesia and analgesia during labour
3. Radiology in obstetrics.
4. Induction of labour
5. Post maturity
6. Intra-utrine foetal death.
7. Record keeping and statistics related to mother and child

COMMUNITY HEALTH NURSING – II (Third year)

HOURS : 100

Course description This Course is designed to provide an indepth study of Community health nursing and various health components, based on previous courses. It is expected that on completion of this course the students will be able to function as a first level community health nurse in urban and rural areas.

Objectives The students :

1. Acquire knowledge of community health nursing administrative at various levels in community both urban and rural areas.
2. Acquire knowledge of major health problems and national health the programmes in India.
3. Acquire knowledge and develop skills for rural health nursing practice.
4. Develop an understanding of the vital role of health education in the community health nursing practices.

UNIT – I HEALTH SERVICES ORGANISATION AT DIFFERENT LEVELS :

- — National
- — State
- — Local, both in urban and rural areas.

UNIT - II Health and social services in India Health plans and health reports.

UNIT - III Nurse and Rural Health Services, Primary Health Centre

— its set up, function, services, sub-centre and personnel.

UNIT - IV Special community health services and nurses Role :

— Industrial nursing
— Tuberculosis nursing
— Geriatric nursing.
— Leprosy nursing
— Oncology nursing.

UNIT - V
1. Health team - its members, their function and relationship.
2. The district public health nurse - position and functions.

UNIT - VI
1. Multipurpose health workers programme.

— Personnel and preparation
— Supervision of health personnel by community health nurses.

UNIT - VII HEALTH ASSESSMENT

— Ante-natal
— Post-natal
— Breast palpation
— Collection of blood slides, sputum etc. for various pathological investigations.

UNIT - VIII
1. VITAL STATISTICS - MODE OF PRESENTATION
2. Recording - its importance and utilization
3. Standing orders in community health nursing.
4. Public Health Laws.

UNIT - IX HUMAN SEXUALITY :

1. Meaning
2. Review of male and female reproductive system.
3. Puberty in male and female
4. Psychology of adolescent male and female
5. Social and cultural constraints in human sexuality
6. Importance of sex education and sex hygiene
7. Counselling and guidance and sex hygiene
8. Problems of sex affecting health.
9. Sex therapy
10. Review of sexually transmitted diseases (STD) and mechanics of sexual intercourse.

UNIT – X COMMUNITY HEALTH NURSE – as an administrator and teacher, herself development and continuing education programme in community health nursing.

UNIT – XI STUDY OF THE COMMUNITY AND PROGRAMMES PLANNING :

— Surveys
— Helping in conducting studies and action research.

UNIT – XII DEMOGRAPHY AND FAMILY WELFARE :

1. Demography

2. Family Welfare – its meaning, aims, its objectives and importance.

3. National programme of family welfare

— Social, biological and economic implication of population growth on the health of a nation.

4. Needs for family planning for effective family welfare.

5. Family planning – why and how.

— Different methods of family planning – natural, biological, chemical and surgical.

— Planning and organising family planning programme in an area.

6. Role of the nurse in family planning programme

— Organising clinics
— Home and community services
— Setting up targets, plans etc.

7. Supervisory responsibilities of the nurse in terms of family planning programme.

8. Records and Reports maintained for family planning Review of male and female reproductive system. Subject matter of family, planning to be integrated with subjects such as, nutrition, personal and community hygiene, ante-natal and post natal care as indicated by the Indian Nursing Council.

FIELD EXPERIENCE– Integrated field experience in the community health services including family planning.

AREAS TO BE HIGHLIGHTED IN TERMS OF FAMILY PLANNING PROGRAMME :

1. Survey of the area.
2. Contacting eligible couples, preparing eligible couple registers.
3. Interview technique.
4. Organising home visit and follow up services.
5. Family planning clinics.
   Clinics for distributing of conventional contraceptives and for insertion of I.U.C.D. by nurse pre and post application examination, advice and care
6. Organising health education programme
   - Maintain diary and records in terms of family planning programmes.
   - Family planning camps and campaigns, (Vasectomy, tubectomy, camp, etc.)

PROFESSIONAL ADJUSTMENTS AND TRENDS

HOURS : 30

COURSE DESCRIPTION – This course aims at developing adequate understanding of the responsibilities, limitations and professional involvement of a trained nurse and the opportunity available for further growth.

OBJECTIVES :

1. To acquire an understanding of adjustments to professional responsibilities.
2. To develop an understanding of the need for continuing education.

UNIT – I INTRODUCTION :

a. Qualities of a professional nurse.
b. Expectations from a trained nurse, by the professionals, medical team and the public.
c. Relationship with patient's family members of the medical team, non-professional and the public.
   - Ethical behaviour
   - Review of International Council of Nurses code.

UNIT – II NURSING AS A PROFESSION :

a. Meaning of Profession
   - Professional nursing and educational preparation needed.
b. Characteristics of professional nurse and her role.
c. Importance of research.

UNIT - III PERSONAL AND PROFESSIONAL GROWTH :

a. CAREER OPPORTUNITIES
- Importance of setting goals
- Opportunities available for a trained nurse.
- Choosing and applying for undertaking of job.
- Interview.
- Resignation.
- Agreement and bonds.

b. CONTINUING EDUCATION
- Concept and its importance
- Means of continuing education
- Opportunities available for the post-basic education.
- Utilisation of opportunities and leisure-time activities.

c. PERSONAL BUDGETING
- Social Security Scheme
- Scope for Counselling and guidance.

UNIT - IV LEGISLATION IN NURSING :

a. LAWS IN NURSING
- purpose and importance of laws in Nursing.
- laws and regulations affecting nurses in India- Central and State legislations
- Service, conduct and institutional rules.

b. INDIAN NURSING COUNCIL AND STATE REGISTRATION COUNCIL :
- Development
- Composition
- Functions

c. REGISTRATION AND RECIPROCITY
- Importance of and procedure for registration.

d. LEGAL ASPECTS IN NURSING
- Legal aspects of liability
- Responsibilities of a nurse for protection and safeguard from legal involvement.
- Writing statement of incidence.
- Nurse as a witness

UNIT-V PROFESSIONAL AND PROFESSION RELATED ORGANISATION :

a. PROFESSIONAL ORGANISATIONS.
- Trained Nurses Association of India.
- Student Nurses Association.
- Lady Health Visitors and Auxilliary.
- Midwife association.
- Catholic Nurses Guild.
- Christian Medical Association of India and others.
- Nurses responsibility towards professional.
- Implications of Nurses Unions.

b. RELATED ORGANISATIONS–THEIR CONTRIBUTION TO NURSING :

—International Council of Nurses.

—World Health Organisation and United Nations International Children's Fund.

—Red Cross and St. John's Ambulance.

—Colombo Plan.

MANAGEMENT AND SUPERVISION

HOURS : 20

COURSE DESCRIPTION This Course aims to give an elementary understanding of the basic administration its application to the management of ward or health unit.

OBJECTIVES

1. To develop an awareness of the administrative principles underlying the organisation of a ward or department.
2. To acquire knowledge of the principles of nursing administration and an understanding of how these are applied in the administration of a ward or public health unit.

UNIT–I MANAGEMENT :

a. Definition of management.

b. Basic principles of administration applied to management factors essential for good management.

UNIT–II ADMINISTRATIVE :

1. THE ENVIRONMENT :

a. Provision of Physical and personnel facilities.
—house keeping.
—cleanliness.

b. Supplies and equipment, e.g. central and other supply system for
—drugs.
—diet.
—Linen.

c. Inventories and ordering of supplies and equipment.

2. PATIENT CARE

a. Patterns of patient care and their respective value functional.
  —Patient assignment.
  —Private duty.
  —Team concept.

3. PLANNING

—Objectives, principles and factors to be considered.
—Methods of planning-daily routine and weekly.
—Establishment of priorities.

4. ASSIGNMENT OF DUTIES TO DIFFERENT CATEGORIES OF PERSONNEL

5. RECORDS AND REPORTS

a. Importance of records and reports.

b. Maintenance of records.

c. Giving and taking.

—Ward reports pertaining to patient care.
—Administrative reports on complaints, mistakes accidents, etc.

UNIT-III EDUCATIONAL :

a. Principles of ward teaching.
  —Importance.
  —Methods.

b. Role of the staff nurse in students education.

c. Supervision.
  —Concept.
  --Importance.
  —Principles and methods.
  —Problems faced in supervision and problem solving.

d. In-service education.
  —Definition.
  —Value.
  —Committee procedure.

CHAPTER—IX

GENERAL NURSING-MIDWIFERY CLINICAL EXPERIENCE RECORD

58. The Practical Experience Record shall be maintained by the Student as given in the Practical Record Book.

GENERAL NURSING — MIDWIFERY CLINICAL EXPERIENCE RECORD

Name of the Student Nurse : ____________________
Name of the Institution : ____________________
Date of Admission : ____________________
Date of Completion : ____________________

SUGGESTIONS REGARDING THE USE OF RECORD OF PRACTICAL WORK

The purpose of maintaining a record of practical work is to ensure that the student nurse has been instructed in the various types of nursing procedure and to record whether or not she has performed the procedure to the satisfaction of the ward sister and Sister tutor. This record provides useful information to appointing authorities regarding the practical experience during training of the individual nurse.

The purpose of keeping record is fulfilled only if entries are made regularly and with care. Every training school recognise fully the important role of the ward sister in the practical training of the student nurse and make it possible for the sister to devote same time weekly to plan teaching in the ward. The student's record sheet should be marked every week after a discussion with her.

It is very desirable that all procedures should be demonstrated, if not possible in the classroom before they are carried out in the ward. It may not be possible to corelate classroom teaching and ward practice always but a great deal of corelation is possible by close co-operation between the sister tutor and the ward sister. The sister tutor should keep the ward sister informed what the student has been taught and of what practice she needs. The ward sister should inform the sister tutor of any special treatment to be carried out in her wards and of anything else of special interest so that it may be demonstrated if possible to the appropriate group of student nurses.

In the record sheet the procedures are placed in the diferent period of training. This has been done for guidance. An adjustment will be necessary in individual school, blank space has been left for entry of work in special wards or of procedures not particularly shown in the sheet.

The student nurse herself should be responsible for getting the sheet filled in and should realise that it is a part of her training to seek opportunities for new experience and practice.

Scrutiny of the record sheet by the examiners in the State Examinations and at least a question or two on the procedure for which the student is signed up will emphasis the importance of a true record which can also be a teaching aid.

INSTRUCTIONS FOR MAKING THE COLUMNS

The date should be entered in the appropriate column whether it be demonstration or return demonstration in the class room as well as in the ward where the ward sister will enter the date of the procedure performed.

EXAMINATION RECORD

Sl. No	Date	Year	Examination	Sign of the Examiner
1.		FIRST YEAR		1. 2.
				1. 2.
				1. 2.
				1. 2.
2.		SECOND YEAR		1. 2.
				1. 2.
				1. 2.
				1. 2.
3.		THIRD YEAR		1. 2.
				1. 2.
				1. 2.
				1. 2.

FIRST YEAR	Demonstration by Tutor, Ward No. Signature & Date	Return Demonstration Ward No. Sign. of Sister Incharge/ Tutor & Date	Demonstration of Home adaptation Sign. of Tutor & Date	REMARKS
BED MAKING				
With patient				
Without patient				
Fowler's Bed				
POSITIONS				
Prone				
Fowler's				
Recumbent				
Lateral				
Semirecumbent				
Headlow position				
(Uses of bed blocks)				
USES OF COMFORT DEVICES				
Bed cradle				
Foot rest				
Air cushion				
Cardiac table				
Sand bags				
Pillows (Uses of extra pillows)				
Ring pads (Preparation & Uses)				
Back rest				
LIFTING & TRANSPORTING PATIENT				
In bed				
Bed to trolley & vice versa				
Bed to wheel chair & vice versa				
Self ambulation (Trapees & ropes)				

	Demonstration by Tutor, Ward No. Signature & Date	Return Demonstration Ward No. Sign. of Sister incharge/ Tutor & Date	Demonstration of Home adaptation Sign. of Tutor & Date	REMARKS
1	2	3	4	5
PERSONAL HYGIENE				
Hand washing technique				
Mouth care –				
– Bed patient				
– Helpless patient				
– Unconscious patient				
Care of pressure points				
Bed bath (sponge)				
Bathing in bathroom				
Hair combing				
Hair wash in bed				
Treatment of pediculosis				
PECIMEN COLLECTION				
URINE – Routine				
Culture				
24 Hours				
URINE (TESTING IN WARDS)				
Reaction				
Albumin & Sugar				
Specific gravity				
PUTUM – A. F. B.				
24 Hours				
Culture				
FAECES – Routine				
Culture				

1	2	3	4	5
VITAL SIGNS				
Temperature—Auxilliary				
—Oral				
—Rectal				
Pulse				
Respiration				
Blood Pressure				
RECORDING				
Temperature				
Pulse				
Respiration				
Blood pressure				
Intake/Output chart				
Maintaining nurses record				
FEEDING				
Serving diet to patient				
Feeding helpless patient				
Nasogastric feeding				
ELIMINATION				
Giving & removing bed pan				
Cleaning bed pan				
Giving removing & cleaning urinal				
Changing & cleaning urinary bags/bottles				
Cleaning helpless patient after defaecation				
Assisting patient to clean himself after defaecation				
SAFETY & RESTRAINS				
Application of splints				
Application of restraints to extremities				
Use of railings				
ACTIVITIES & EXERCISES				
Active				
Passive				
Deep breathing & Coughing				
ADMISSION, TRANSFER, DISCHARGE AND LAST OFFICES				
Admission of patient				
Setting up tray and assisting				

1	2	3	4	5
for general physical examination				
Transfer of patient				
Discharge of patient				
Last Offices				
STERILIZATION, DISINFECTION & CARE OF				
Soiled Linen				
Mattress				
Instruments (Sharp & blunt)				
Rubber wares				
Enamel wares				
Glass wares				
Polythene				
LOTIONS				
Calculation & preparation of lotions				
THERAPEUTIC MEASURES				
LOCAL COLD APPLICATIONS				
Compresses				
Ice cap				
Ice cooler				
GENERAL COLD APPLICATIONS				
Tapid sponge				
Cold sponge				
Cold pack				
LOCAL HOT APPLICATIONS				
Hot water bag (filling & application)				
Local baths (sitz, arm, foot etc.)				
Electric cradle				
Fomentation–Medical–Medicated				
THERAPEUTIC MEASURES ON RECTUM & COLON				
Insertion of suppositories				
Insertion of Flatus tube				

1	2	3	4	5
ON RETAINING ENEMA				
oap and water				
eadymade enema available in market)				
ETENTION ENEMA				
lycerine Enema				
il Enema/Medicated Enema				
aqsulf Enema				
ypertonic Saline Enema				
utrient Enema				
tarch & Opium Enema				
OLONIC IRRIGATION				
NHALATION				
ry and moist				
xygen by catheter				
DMINISTRATION OF DRUGS				
alculation of dosages				
ral drug administration				
ARDIO PULMONARY RESUSCITATION				
rtificial Respiration				
outh to mouth				
ylvester method				
chafer's method				
xternal Cardiac Massage				
IRST AID				
ifting and transporting injured & helpless				
ANDAGING				
piral				
everse spiral				
igure of eight (8)				
pica				
houlder				
ip				
nkle				
humb				
inger				

1	2	3	4	5
Stump				
Single & double eye				
Single & double ear				
Single & double breast				
Jaw				
Triangular Bandage (its uses)				
Abdominal Binder				
Abdominal Bandage				
Breast Binder				
'T' Bandage				
Many Tailed Bandage				
Knots-Reef				
Clove hitch				
PREPARATION OF FOOD CONJEE				
Sago				
Rice				
Suji				
Bajra				
Arrowroot				
BEVERAGES				
Tea				
Coffee				
Fruit Juice				
Barley water				
MILK PREPARATIONS				
Curds				
Butter Milk				
Whey/cottage cheese				
EGG PREPARATIONS				
Egg flip				
Half boiled				
Full boiled				
Egg custard				
Scrambled egg				
Poached egg				
Simple omelette				
Albumin water				

1	2	3	4	5
ORAL REHYDRATION SOLUTION (FORMULA)				
OTHER FOOD PREPARATIONS				
Smashed Potato				
Khichiri				
Steamed rice				
Boiled rice				
Porridges				
VEGETABLE SOUP.				
Tomato Soup				
Dal Soup				
NON-VEGETABLE SOUP				
Liver Soup				
Bone soup				
Mutton soup				
LOW COST FOOD				
Laddoo				
Idli				
Pulses				
Mixed salads				

COMMUNITY HEALTH NURSING — I

I HAND WASHING				
HEALTH ASSESSMENT				
Infant				
Toddler				
School child				
BAG TECHNIQUE				
II HEALTH TEACHING				
Individual				
Group				
PREPARATION OF				
Posters				
Charts				
Flash cards				
Flannel graphs				

VISITS

Sl. No.	Place	Visited on	Classroom Discussion held on	Sign of Supervisor
1.	Water Purification plant			
2.	Sewage disposal plant			
3.	Garbage disposal			
4.	Milk Dairy (Pasturization)			
5.	Food Market			
6.	Community kitchen			
7.	Hospital kitchen			
8.	Primary Health Centre			
9.	Block Development Officer			
10.	Village Development Officer			

SECOND YEAR	Demonstration by Tutor, Ward No. Signature & Date	Return Demonstration Ward No. Sign. of Sister In charge/Tutor and Date	Demonstration of Home adaptation Sign. of Tutor & Date	REMARKS
1	2	3	4	5
BED MAKING				
Operation bed				
Cardiac bed				
Amputation bed				
Divided bed				
Traction bed				
POSITIONS				
Sims Position				
Lithotomy Position				
FEEDING				
Pharyngeal				
Gastric				
Rectal				

1	2	3	4	5
LOCAL THERAPEUTIC MEASURES				
Cold Applications				
Ice rub				
Hot Applications				
Hot Packs.				
ADMINISTRATION OF OXYGEN				
By mask				
By tent				
CARE OF WOUNDS				
Surgical Soak (local bath)				
Surgical Dressings				
Assisting for suturing				
Assisting for removal of Sutures				
Drainages				
Assisting for insertion of packs (I & D)				
Suction/Aspiration				
Surgical fomentation				
ADMINISTRATION OF DRUGS				
Injection				
Intramuscular				
Hypodermic				
Intradermal				
SETTING AND ASSISTING FOR				
Intravenous injection				
Intravenous infusion including adding Special drugs to running drip				
Blood Transfusion				
Blood Collection				
Venesection				
Intra articular injection				
Intra cardiac injection				
OPERATION THEATRE TECHNIQUE				
Self preparation for assisting for operation				
Scrubbing				
Gowning				
Technique of wearing gloves				

1	2	3	4	5
OPERATION ROOM CLEANING				
Carbolizing				
Fumigation				
Surgical preparation of skin				
Different positions of the patient				
Draping the patient				
PACKING AND STERILIZATION OF				
Dressings				
Linen				
Rubber ware				
Suture material				
Instruments				
Other material				
SETTING AND ASSISTING FOR				
Suturing of minor wounds				
Incision & drainage				
SETTING AND ASSISTING FOR MAJOR OPERATIONS				
OPHTHALMIC OPERATIONS				
ENT OPERATIONS				
CARDIO THORACIC OPERATIONS (observation)				
ABDOMINAL OPERATIONS				
GENITOURINARY OPERATIONS				
GYNAEC OPERATIONS				
ORTHOPAEDIC OPERATIONS				
ENDOSCOPIES				
Setting Anaesthesia Trolley				
Preparation & assisting for local anaesthesia				
General Anaesthesia				

1	2	3	4	5
Special Anaesthesia				
Setting Assisting & Preparation of Patient for				
Adbominal				
Abdominal pracentesis				
Liver biopsy				
E.N.T.				
Setting ENT exam. tray				
Nasal pack				
Antral puncture				
Intubation				
Tracheostomy				
OPHTHALMIC				
Setting ophthalmic exam. tray				
Removal of foreign body				
Ophthalmic dressing				
THORACIC				
Thoracentesis				
Intercostal drainage				
Pleural biopsy				
Sternal puncture.				
GENITOURINARY				
Catheterization (Male)				
Bladder wash				
Kidney biopsy				
Suprapubic puncture				
ORTHOPAEDIC				
Setting, Assisting & preparation of Patient for application orthopaedic splints				
Assisting for skin/skeletal traction				
Application of plaster cast				
Removal of plaster cast				
Preparation for bone surgery				

1	2	3	4	5
GYNAECOLOGY				
Tray setting for vaginal exam.				
Perineal wash				
Vaginal douche				
Insertion of tampoon				
Insertion of vaginal tablets/Suppository				
Insertion of pessary				
Insertion of copper 'T'				
NEUROLOGICAL				
Setting tray for neurological exam				
Checking common neurological reflexes				
Assisting for lumbar puncture				
Assisting for ventricular puncture				
Assisting for cisternal puncture				
MISCELLANEOUS				
Lymph node biopsy				
Preparation for various graphies				
All other types of exams.				
PROCEDURES				
Gastric analysis				
Gastric Suction				
Gastric lavage (wash)				
Gastric gavage (feed)				
Gastric drip				
Colostomy irrigation				
Tidal drainage				
Catheterization (female)				
Bladder wash				
Instillation of drops				
Ear Drops				
Eye Drops				
Nasal Drops				
Ear/Eye irrigation				
Eye fomentation				
THIRD YEAR				
WARD MANAGEMENT				
Orientation for the new nurses				
Taking nurses round & assessment of patient's needs				
Supervisory rounds				

1	2	3	4	5
Planning work				
Assignment of ward duties				
Organisation of ward units				
Diet sheet				
Instructions to patient on discharge				
INDENT				
General Stock articles				
Medical stock articles				
Replacement of articles				
Repairs of articles				
Condemnation of articles				
DANGEROUS DRUGS				
Care of dangerous drugs				
Uses of dangerous drugs				
Special record of dangerous drugs				
INVENTORIES				
Dead stock				
Linen				
Medical appliances				
Miscellaneous				
REPORTS				
Giving				
Receiving				
Recording				
Care of Medicolegal evidences and documents				
Steam inhalation				
Oxygen inhalation				
Enema				
Bladder wash.				
MANAGEMENT OF PATIENT IN I.C.U				
Assisting for E.C.G.				
Cardiac monitor				
Defebrilator				
Assisting for C.V.P				
Use of repirator				
PSYCHIATRIC NURSING				
Assisting for E.E.G				
Assisting for insulin Theraphy				
Assisting for E.C.T.				
Tracheal Suction				
Intercostal drainage (water seal)				
Postural drainage				

1	2	3	4	5
PAEDIATRIC NURSING				
INFANT				
Measurements				
Length				
Weight				
Head circumference				
Chest circumference				
Baby bath				
Changing napkin				
FEEDING TECHNIQUE & FORMULA				
Breast feeding				
Spoon & bowl (wati) feeding				
Bottle feeding				
Intragastric feeding				
Calculation & preparation of formula				
Handling a baby				
Uses of restraints				
COLLECTION OF SPECIMEN				
Urine – Male child				
– Female child				
Stool				
Rectal swab				
Throat swab				
ASSISTING FOR				
Physical examination				
General				
Specific				
Lumbar puncture				
Intravenous therapy				
Blood collection				
PROCEDURES				
Administration of Drugs				
Oral administration				
Intramuscular injection				

1	2	3	4	5

COMMUNITY HEALTH NURSING — II

A. HOME VISIT

Planning for home visiting
Maintaining Health record
Conducting survey

B. HOME PROCEDURES

Temperature
Pulse
Respiration
Inhalation
Minor dressings
Eye wash
Pediculosis Treatment

C. ANTENATAL CARE/CASES—30

General Physical Examination
Taking height & weight
Urine testing (Albumin & Sugar)
Hb%

Antenatal Health advice
Care of Breast
Immunization
Nutrition
Exercises
Delivery witness—20
Vaginal Examination—5
Epiciotomy—5

D. POSTNATAL CARE (CASES)—20

Conducting cases—20
Perineal care
Checking fundal height
Assisting for breast feeding
Puerperal care
Post natal health advice
Advice & Motivation for Temporary/
Permanent family planning
I.U.C.D. Cases — 2

1	2	3	4	5
CARE OF NEW BORN BABY				
Baby Bath				
Cord dressing				
Care of eyes				
Taking length & weight				
Taking chest circumference				
Taking head circumference				
Checking reflexes of new born				
Test feed				
Introduction of supplementary feeds				

VISITS

Sl. No.	Place	Visited on	Class room discussion held on	Sign. of Supervisor
1.	Leprosy Home			
2.	Blind School			
3.	Rehabilitation Centre			
4.	Orphanage			
5.	Remand Home			
6.	Home for the aged			
7.	Mentally retarded Children's school			
8.	Industrial Unit visit			
9.	Home for the Beggar's			
10.	Creche			
11,	Mizoram Nursing Council			

COMMUNITY HEALTH NURSING

HOME VISIT

Sl. No.	Date	Name of the Head of family	Specific Health Problem observed	Actions taken	Sign. of Supervisor

II. HEALTH TALK

Sl. No.	Date	Subject	Group	Place	Sign. of Supervisor

III. IMMUNIZATION CLINIC

Sl. No.	Date	Place	Sign. of supervisor

IV CLINIC ATTENDANCE

Sl. No.	Date	Name of the Clinic	Place	Sign. of supervisor

V. SCHOOL HEALTH

Sl. No.	Date	Name of the School	No. of chidren examined.	Abnormalities detected if any.	Sign. of Superviso

VI. ASSISTING IN CAMPS IF ANY

Sl. No.	Date	Type of Camp	Duration of Camp	Sign. of superviser

VII. SURVEY IF ANY

Sl. No.	Date	Duration	Purpose	Area	No. of families surveyed	Sign. of Supervisor

VIII. EXHIBITIONS IF ANY

Sl. No.	Date	Area	Name of exhibitions	Name of the Exhibit	Sign. of Supervisor

IX. COMMUNITY EMERGENCIES

(e.g. flood, Gas explosion, Wars, Earth-quake, Landslide)

CASE STUDIES

Sl. No.	Date	Type of Ward and Ward No.	Name of the Patient	Diagnosis	Period of Case study From To	Marks obtained	Remarks	Sign. of Tutor and Date

CLINICAL EXPERIENCE

Sl. No.	Period/year	Type of experience	Specific Wd/Deptt	Hours
1.	PTS	a) Medical		
		b) Surgical		
2.	FIRST YEAR	a) Medical		
		b) Surgical		
		c) Paediatric		
		d) C.H.N.		
2.	SECOND YEAR	a) Medical (including Skin & VD, Aids IC CU)		
		b) Surgical (including Orthopedic		
		c) Operation Theatre		
		d) Paediatric		
		e) Psychiatric		
3.	THIRD YEAR	C.H. Nursing		
		MIDWIFERY		
		Antenatal		
		Postnatal		
		Neonatal		
		O.P.D.		
		Labour Ward		
		Operation Theatre		
		Domicilary		

N.B. 1) The exact hour of the clinical experience provided should be entered excluding Theory hours.

2) Please refer to the syllabus for the prescribed minimum hours for clinical experience.

CLASS ROOM RECORD

Sr. No.	Subject	Total Hours	Theory		Practicals	
			Prescribed	Attended	Prescribed	Attended
	FIRST YEAR					
I.	Basic Science applied to Nursing :					
	Anatomy & Physiology	80				
	Physics & Chemistry applied to Nursing	20				
	Microbiology	30				
	Total	130				
II.	Behavioural Sciences applied to Nursing					
	Psychology	60				
	Sociology & Economics	30				
	Total	90				
III.	Community Health Nursing – I					
	Nutrition	30				
	Hygiene – Personal & Environmental	40				
	Health Education & Communication skill	10				
	Community Health Nursing Practice–I	100				
	Total	180				
IV.	Nursing					
	Fundamentals of Nursing at home & in the hospital.	165				
	Total in Ist Yr.	565				
	SECOND YEAR					
	Medical Surgical Nursing I & II	Hours				
	Medical Surgical Nursing	240				

(including Pharmacology Gynaecological Eye, ENT, Communicable Diseases)	
Psychiatric Nursing & Mental Health	30
Paediatric Nursing	50
Advanced Nursing practice related to Medical Surgical Nursing	30
Total	350

Sl. No.	Subject	Total Hours	THEORY		PRACTICALS	
			Prescribed.	Attended	Prescribed.	Attended
	THIRD YEAR					
	Midwifery/Special Course for the Male Nurse	100				
	Community Health Nursing–II	100				
	Professional Trends and Adjustment	30				
	Management in Nursing	20				
	Total	250				
	Total in 3rd year	250				
	Grand Total	1165				

Sign. of Tutor Sign. of Principal Sign. of Matron

CO-CURRICULAR ACTIVITIES

Sl. No		
1.	Social Activities (e.g. Picnic)	1. 2. 3. 4.
2.	Recreational Activities	1. 2. 3. 4.
3.	Games (a) Indoor	1. 2. 3. 4.
	(b) Out door	1. 2. 3. 4.
4.	Competitions	1. 2. 3. 4.
5.	Professional Activities	1. 2. 3. 4.

Sign. of Tutor Sign. of Principal Sign. of Matron

RESULT OF MIZORAM NURSING COUNCIL EXAMINATIONS

Year		Passing date & year	Marks Obtained	Attempt	Grade
FIRST YEAR					
Paper I	: Fundamental of Nursing (including first aid Emergency Nursing & Physics & Chemistry				
Paper II	: Anatomy & Physiology and Microbiology				

Paper III : Community Health Nursing I (includes Nutrition, Psychology, Sociology Hygiene-Personal an Environmental Health Education and Communication skills)

Practical I Fundamental of Nursing

SECOND YEAR

Paper I : Medical Surgical Nursing I including Pharmacology)

Paper II : Medical-Surgical Nursing II (including specialities Eye, ENT, Gynaecological Nursing, Communicable Diseases & Orthopaedics Nursing)

Paper III : Paediatrics Nursing Mental Health and Psychiatric Nursing

Practical II Medical-Surgical Nursing

Practical III Paediatric & Mental Health Psychiatric Nursing

THIRD YEAR

Paper I : Midwifery/Alternate Course for Male students

Paper II : Community Health Nursing II (including Professional Trends, Management & Supervision)

Practical IV Midwifery/Alternate Course for Male students

Final Result
Total Marks Obtained :................... ..
Final Grade Achieved :.......................
Prize & Awards if any :.......................

Sign. of Tutor Sign of Principal Sign. of Matron
Seal of Nursing School

CHAPTER – X

59. DELIVERY CASE BOOK

The Delivery Case Book for General Nursing & Midwifery and Auxiliary Nurse Midwifery/Health Worker shall be maintained in the prescribed Case Book for Midwives as given under article 60 of this Chapter.

CASE BOOK FOR MIDWIVES

60. (1) Name :—————————— Age :——— Reg. No.——————————

Occupation :——————— Religion————— Husband's Name——————————

Husband's Occupation :——————————

Address :——————————

Date & Time of delivery——————————Date of discharge——————

Condition on discharge : Mother——————————

Child——————————

L.M.P——————, E.D.D—————, Gravida——————, Parity——————

(2) HISTORY OF PREVIOUS PREGNANCY AND LABOURS :

Sl.No	Year	Nature of pregnancy	Mode of delivery	Puerperium	Sex	Remarks

(3) HISTORY OF PREVIOUS ILLNESS AND DATE :

Heart Diseases——————,Nephritis——————,Rheumatism——————

Typhoid——————,T.B——————,Anaemia——————,Twin——————

(4) SPECIAL OBSERVATIONS OF PRESENT PREGNANCY AND LABOUR:

By palpation : 1. Height of Uterus

2. Condition of Uterus

3. Presentation of fetus

4. Position of fetus

5. Relative position of head to pelvi

Dt.& time	Urine Al/Sug	Hb	B.P	Pul.	FHS	Cont. Int.	Cont. durtn.	Nature of cont.	Bowels/

Date & Time	Admission Notes
	H/O Present complaints : Family H/O Menstrual H/O Obstetrical H/O Gen. Examination Per abdominal examination Per vaginal examination

(5) (A) Progress of labour :

1st stage of labour———————hrs————mins———— ————————
2nd stage of labour——————hrs——————mins Total hrs mins
3rd stage of labour—————hrs————————mins

Membranes ruptured at——————— A.M / P.M Natural / Artificial Reasons

Date & time of full dilatation of cervix ————————————

(B) Mode of delivery——————————————
Indication for interference
Notes of operation :

(C) Baby born – male / female at —— A.M / P.M on —————— Weight ——————
length——— Head circumference——————

CONDITION OF CHILD WHEN BORN :

Alive, Asphyxiated, Still, Macerated, Malformations,
Dead and cause ——————————Vaccination——————————

(D) Delivery of Placenta ———— A.M / P.M Spontaneously / helped out

Type of Placenta——————————Weight——————————
Amount of blood loss———————————ml.

Manual Placenta retained / adherent Cause

Examination of Placenta and membranes .... entire / incomplete

Ambilical cord : Length .... Insertion ....

(E) P.P.H. .... Before/during/after delivery of placenta.

1. Cause
2. Method of Control
3. Result

(F) Laceration/Tear : Cervix, Vagina, Perineum, Labia
Condition of perineum on discharge ....

(G) Management of Puerperium and progress of case :

Date/Days	Mother	Baby

CLINICAL CHART OF PUERPERIUM

Dates										
Days	1	2	3	4	5	6	7	8	9	10
	M.E	M.E	M.E	M.E	M.E	M.E	M.E	M.E	M.E	M.E

TEMPERATURE		HEIGHT OF UTERUS
	106	
	105	
	104	
	103	8"
	102	7"
	101	6"
	100	5"
	99	4"
	98	3"
	97	2"
	96	1"

Pulse	M
	E
Resp	M
	E
Motions	
Urine	
Lochia	
Breast	

Signature of Tutor

CHAPTER - XI

METHOD OF APPLICATION FOR THE GENERAL NURSING & MID-WIFERY COURSE EXAMINATION

61. A candidate for the first year Examination shall apply to the Registrar through the head of the recognised training institution where she/he was undergoing the training with a certificate of having passed the Preliminary Training School Examination in a prescribed Form I (C) of these Bye Laws so as to reach the Registrar on or before a specified date as given at the end of this Chapter.

Each application shall be forwarded with the examination fees.

62. METHOD OF APPLICATION FOR SECOND YEAR EXAMINATION :

A candidate for the second year examination shall apply to the Registrar through the head of the institution in Form I (C) as given at the end of this Chapter so as to reach the Registrar on or before a specified date together with a certificate of having passed the First Year Examination and of having undergone the full course of training and having attended 75% of the classes and acquired minimum clinical experience.

63. METHOD OF APPLICATION FOR THIRD YEAR EXAMINATION :

A candidate for the third semester examination shall apply to the Registrar through the head of the institution in Form I (C) as given at the end of this Chapter before a specified date together with a certificate of having passed the second year examination and having attended 75% of the classes and acquired minimum clinical experience.

MIZORAM NURSING COUNCIL

FORM - I (C)

APPLICATION FOR GENERAL NURSING & MIDWIFERY COURSE EXAMINATION

First Year/Second Year/Third Year Examination
(This application must reach the Registrar, Mizoram Nursing Council on or before the———— -———)

APPLICATION

To,

The Registrar,
Mizoram Nursing Council.

Madam/Sir,

I request permission to present myself to the ensuing First/Second/Third Year Examination to be held from ———— for the general Nursing and Midwifery Course.

The fee of Rs.——— is forwarded herewith.

The ——19——.

Yours obediently,
Signature of Student.

CERTIFICATE

I certify that ————————has fulfilled the requirements under the prescribed regulations.

I further certify that her/his general conduct while under training has been satisfactory.

I also certify that she/he has attended at least 75% of the Lecture and has acquired minimum clinical experience and that her/his work has been satisfactory.

The ——19——.

Signature of the Head of
Institution.

Particulars of the student to be filled in by the Head of the Institution.

(1) Name in full (Block letters) :

(2) Age :

(3) Nationality :

(4) Date of admission to the institution :

(5) Student Registration No :

(6) Date of passing the Preliminary/First/Second/Third Year Examination :

(7) Period of training from———— to ————

(8) Whether appeared in the examination previously
  (a) Subject in which passed :
  (b) Subject in which appearing :

The ———— 19——

Signature of the Head of School.
Address :

CHAPTER—XII

REMUNERATION AND FEES FOR ALL THE COUNCIL EXAMINATIONS

64. FEES FOR THE EXAMINATION :

Each applicants shall be forwarded with examinations fees at the following rates —

(I)	Examination fees for per theory examination	— Rs. 100.00
(2)	Practical examination per practical examination	— Rs. 20.00
(3)	Centre fee (to be paid to the examination centre)	— Rs. 30.00
(4)	Admit card per examination	— Rs. 10.00
(5)	Fees for :—	
	(a) Duplicate certificate	— Rs. 100.00
	(b) Duplicate admit card	— Rs. 30.00
	(c) Duplicate mark sheet	— Rs. 50.00
	(N.B. Duplicate shall be issued in case of lost only)	
	(d) Fee for re- evaluation of marks per paper	— Rs. 100.00
(6)	Original Marksheet	— Rs. 25.00
(7)	Original Certificate	— Rs. 25.00

65. REMUNERATION ETC. :

(I) PAPER SETTER

(a)	Full paper with model answer for examiners	— Rs. 150.00
(b)	Half paper with model answer for examiners	— Rs. 100.00
(c)	Supplimentary examination per paper	— Rs. 50.00

(2) FOR MODERATING

(a)	A theory paper	— Rs. 50.00
(b)	Half question paper	— Rs. 30.00
(c)	Practical question paper	— Rs. 20.00

(3) EXAMINERS

(a)	Theory examiner for per answer book	— Rs. 10.00
(b)	Half answer book	— Rs. 5.00
(c)	Practical per student	— Rs. 10.00
(d)	Invigilator (per shift)	— Rs. 10.00

(4)	Compiler of marks per candidate	Rs. 1.00

N.B : Remuneration and fees shall be reviewed by the examination Committee from time to time

(5) First class travelling allowances shall be given to the practical external examiner as applicable to Government of Mizoram employees.

CHAPTER – XIII

DISORDERLY CONDUCT IN EXAMINATION

66. DISORDERLY CONDUCT AND USE OF UNFAIR MEANS IN EXAMINATION :

(1) The use of dishonest or unfair means in examination includes :

(a) Assisting in any manner whatsoever any other person or from any book, paper during the course of the examination;

(b) Taking assistance from any other candidates or any other person or from any book, paper notes or other material in answering the question paper during the course of the examination;

(c) Communicating with or talking to any other candidate or unauthorised person.

(2) Disorderly conduct in the examination includes :

(a) Misbehaviour in connection with the examination, with the teachers, the invigilator on duty or the other staff working at the examination centre or any other candidates in or around the examination centre before, during or after the examination hours;

(b) Leaving the examination room before, the expiry of half an hour or without signing the attendance sheet;

(c) Intentionally tearing off the answer book or part thereof or continuation sheet;

(d) Disturbing or disrupting the examination.

(3) A candidate found guilty of the use of dishonest or unfair means or disorderly conduct in the examination may be disqualified from passing the examination for which he was a candidate, and may, in addition, be debarred from appearing at any future examination of the Council and declared not a fit person to be admitted to any further examination.

(4) The Principal of the examination centre or the examiner of the Council shall report in writing to the Chairman of the Examination Committee. The reporting Authority shall give full facts of the case in his/her report.

(5) The Chairman of the examination committee shall communicate to the candidate, in respect of whom a report has been received.

(6) After considering all the materials if any submitted by the candidate, the Examination Committee, if satisfied that the candidate is guilty of the use of dishonest or unfair means or disorderly conduct in the examination, shall recommend to the Executive Council- The punishment that may be imposed on the candidate according to the nature of the offence.

67. The Mizoram Prevention of Malpractices at Examination Act, 1990 shall be used. The said Act has been included in the Appendix — A.

CHAPTER – XIV

EXAMINATION PROCEDURES

68. EXAMINATION COMMITTEE :

There shall be an examination committee consisting of two members and the Registrar. The President of the Mizoram Nursing Council shall be the Chairperson. This committee is for selecting questions from the question bank. Questions for all written examinations shall be invited from all the schools by the Registrar from time to time to add to the question bank. Members of the Examination Committee excluding Registrar shall hold office for a period of one year. Casual vacancies in the Examination Committee shall be filled by appointment of a suitable person by the Council. The selection of examiners for evaluation of papers and practical examinations shall be made by the Examination Committee from the list of possible examiner received from the institution. Each school is expected to select one examiner from their school and the proof of the papers shall be done by the Examination Committee. The examiners must be qualified teachers with not less than five years of experience in teaching and supervision of students in clinical areas. A list of such selected examiners shall be submitted to the President of the Council for the approval.

Examiners shall be called at Aizawl and are expected to correct the papers at the office of the Council within ten days. The result be consolidated by the Registrar and declared under the signature of the President.

All examinations of the Council shall be conducted by giving code numbers by the Registrar. Code numbers are to be kept by Registrar only to maintain top secrecy.

69. GENERAL INSTRUCTIONS TO QUESTION SETTERS AND EXAMINERS

(1) Attempt to be made to develop a question bank, and shall be sorted out section wise, sealed and kept under lock and key.

(2) In drawing up the papers, paper setters are to keep in mind that the question paper ought to cover the entire syllabus.

(3) Question shall be a combination of Essay type 20 percent, short answer, Subjective type 60 percent, very short answer 10 percent, Objective type 10 percent with marks according to its weightage. There shall be no ambiguity in the questions set.

(4) More weightage shall be given to nursing care than on diagnosis or medical treatment

(5) The question setter shall prepare questions based on the blue print prepared by the Council Form I (D) as given at the and of this Chapter.

70. The examination paper prepared for the Council shall be vested in the Council only.

71. Paper setter shall submit the question papers to the Registrar as per its instructions from time to time. Each set of questions shall be enclosed in a sealed cover and the examination for which it is set shall be clearly written on the said cover. No copy shall be retained by the question setters and shall be hand manuscript only on prescribed from.

72. DELIVERY OF ANSWER BOOKS :

All answer books shall be sent to the Registrar under sealed cover who shall then call the examiners for assessment work at the Council after coding.

A list of absentees if any must be enclosed with the answer books on separate top sheet.

73. ORAL AND PRACTICAL EXAMINATION :

(a) All practical and oral examinations shall take place at such time and place as may be decided by the Council;

(b) The examiner shall not examine more than 20 students per day;
(c) Equal time and number of questions shall be kept in mind;

The examiner shall spend not less than 15 minutes for each student while conducting oral and practical.

74. PRIVATE TUITION :

The examiner shall not coach privately any candidate who is reading for the examination for which he is appointed as an examiner.

75. MARKS ALLOTED TO THE PAPERS

The marks alloted to the theory papers, oral and practical examination shall be intimated to the examiners by the Registrar alongwith the notice for sending the answer papers and practical marks.

76. ABOUT MARKING AND SUBMISSION OF MARK LISTS

(1) The marks for each question shall be entered in the column provided on the front page. The total marks must be written in figures and words at the end of the column provided.

(2) The total marks in each paper signed by the examiner shall be forwarded on or before the day fixed for the purpose to the Registrar in prescribed marks slip form under coded Roll Numbers.

(3) The marks given to the candidate shall not be made known to any person other than the examiner in the subject.

(4) All corrections shall be initialled by the examiner who makes the corrections.

77. The examiner shall observe the strictest punctuality and should follow the instructions carefully.

78. If any examiner fails to submit his/her marks within the time fixed, the amount of his remuneration shall be reduced by Rs. 15.00 per day unless an explanation given by the examiner to the Council is satisfactory.

79. The examiners shall prepare a joint report of the answers regarding —
    (1) the general standard of the papers;
    (2) the main points which are expected;
    (3) the reason why marks are lost.

80. All the marks shall be circulated to the Principals of the Schools along with a copy to the Matrons of concerned institutions.

81. The proceeding of all the meetings of the examiners shall be kept strictly confidential.

82. The examiners shall submit the marks list for their respective papers directly to the Registrar. The mark sheet submitted by respective examiners shall be opened only after the last date fixed for submission. The consolidation of the marks shall be done by the Registrar and grace mark added as per rules..

FORM I (D)

DESIGN OF THE QUESTION PAPER/BLUE PRINT FOR GNM & ANM / H.W.

A. Weightage to objectives :

TABLE – I

Sl. No.	Objectives	Marks	Percentage of Marks
1.	Knowledge	20	40%
2.	Understanding	15	30%
3.	Application	8	16%
4.	Skill	7	14%
	TOTAL	50	100%

B. Weightage to content :

TABLE – II

Sl. No.	Content	Marks	Percentage of Marks
UNIT			

Percentage of marks shall be given according to the content of each unit.

TOTAL	100	100%

C. Weightage to different forms of questions :

TABLE – III

Sl. No.	Forms of Questions	No. of questions	Marks	Percentage of marks
1.	Essay Type	2	10	20%
2.	Short Answer Type	15	30	60%
3.	Very Short Answer Type	10	5	10%
4.	Objective Type	10	5	10%
	TOTAL	37	50	100%

CHAPTER – XV

REGISTRATION

83. MODE OF REGISTRATION :

Before a qualifying certificate is issued a candidate after passing the Final Examination of the prescribed course shall apply in a prescribed form for registration of her/his name under section 13 of the Mizoram Nursing Council Act, 1990 through the Head of the Institution from which she/he appeared for the Final Examination alongwith two passport size photographs duly attested by the Principal of her/his training school. The registration number shall be transmitted to the candidate through the head of the institution on payment of the prescribed fees as decided by the Council from time to time.

84. The Council shall maintain a Register into five parts as follows under section 13 of the Act as given at the end of this Chapter.

Part I	—	Nurses, Midwives
Part II	—	Nurse-Midwives
Part III	—	Health Visitors
Part IV	—	Basic Health Workers (Male & Female)
Part V	—	Auxiliary Nurse-Midwife.

85. If the application is for Registration as a Nurse/Midwife/Nurse-Midwife/Health Visitor/Health Worker/Auxiliary Nurse Midwife, they shall apply in Form-II as given at the end of this Chapter.

86. Fees for registration of different categories shall be as follows :

(a)	Nurses (General Nursing only)	— Rs. 100.00
(b)	Nurse-Midwives (General Nursing & Midwifery)	— Rs. 100.00
(c)	Health Visitors	— Rs. 100.00
(d)	Auxiliary Nurse-Midwife	— Rs. 100.00
(e)	Basic Health Workers	— Rs. 100.00
(f)	If the application is for recording a higher or additional qualification	— Rs. 50.00
(g)	Renewal fee for each categories	— Rs. 25.00
(h)	Duplicate certificate	— Rs. 100.00
(i)	Re-entry of name removed	— Rs. 100.00
(j)	Change of name/surname in the certificate and registration	— Rs. 50.00

87. RENEWAL OF REGISTRATION :

(1) A person whose name was registered under the Assam Nursing Council, or persons who hold registrable qualifications as laid down in the schedule to the Indian Nursing Council Act, 1947 and persons who have been recommended for registration by the President of Indian Nursing Council Act, and persons who have been recommended for registration by the President of Indian Nursing Council under section 11 (2) (a) or (b) by the Indian Nursing Council Act, 1947 shall be entitled for registration in the appropriate part of the Register on payment of the prescribed fees. The persons shall make an application in the Form III (A) which shall be accompanied by a certificate of identity in the Form III (B) as given at the end of this Chapter.

(2) Every person whose name was entered in the Register of Mizoram Nursing Cauncil shall pay the Renewal fees of Rs. 25. 00 every fifth year. The Registrar shall inform the person concerned six months before the renewal registration is due.

(3) If the renewal fee is paid on or before the due date, the Registrar shall issue to the Registered persons a renewal slip in the Form III (C) specifying the date upto which the validity of the certificate of the renewal is extended. The renewal slip shall be preserved with the certificate of registration.

88. AN APPLICATION FOR REGISTRATION BY PERSONS PASSING :

(1) The approved and recognised examination under section 13 of the Mizoram Nursing Council Act, 1990 shall be qualified for the Registration.

(2) The qualifying examination in Nursing of any University established by law in the State concerned, and

(3) Any other examination approved and recognised by the Council equivalent to any of the Examination specified in clause (a) (b) (c) (d) of section 13 of the Mizoram Nursing Council Act, 1990 shall also be entitled to registration in the appropriate part of the register on payment of the prescribed fees.

(4) An application for registration by persons who hold registrable qualification as laid down in the schedule to the Indian Nursing Council Act 1947 and persons who have been recommended for registration by the President of the Indian Nursing Council under section 11 (2) (a) or (b) or the Indian Nursing Council Act, 1947 shall be entitled for registration in the appropriate part of the Registrar on payment of the prescribed fees.

89. LOSS OF CERTIFICATES :

In the event of a certificate being lost or destroyed, a duplicate certificate shall be issued on satisfactory proof as to the authenticity of the applicant's statement on payment of fee of Rs. 100. 00. A certificate issued under this regulation shall be marked "Duplicate".

90. FEES FOR RE-ENTRY OF NAME REMOVED FROM THE REGISTER

The free for re-entry of name erased or removed from the Register shall be Rs 100. 00. for each certificate in an appropriate prescribed form.

91 CHANGE OF NAME OR SURNAME :

Any Registered person desiring to change her/his name or surname shall apply for instructions to the Registrar, Mizoram Nursing Council. Fee for change of name or surname in the Register and in the Registration Certificate shall be Rs. 50.00 in each case.

92. INTIMATION OF CHANGE OF ADDRESS :

Any person whose name has been entered shall send to the Registrar, Mizoram Nursing Council on immediate notice of any change of her/his address and also reply to the queries that may be made by the Registrar for insertion of correct address in the Register and in the annual list of registered persons.

93. CERTIFICATE OF REGISTRATION AND PASSING ON EXAMINATIONS

(1) Every person admitted to the Register Part I, Part II, Part III, Part IV and Part V shall be granted a certificate of registration in an appropriate Form as given under clause of this article below. Such certificate shall be sealed with the common seal (2) of the Council and no document purporting to be a certificate of admission to the Register shall be valid unless it is sealed with the common seal of the Council.

(2) THE REGISTER SHALL BE CLASSIFIED INTO THE FOLLOWING PARTS :

(a) PART I REGISTER : Nurses who have completed General Nursing-Midwifery Course as per Indian Nursing Council prescribed syllabus (Before 1986 revised syllabus) shall be registered as a Registered Nurse, Registered Midwife in Part I Registrar (i), (ii). certificate of registration shall be issued in Form IV (A) for Registered Nurse: in Form IV (B) for Registered Midwife,

(b) PART II REGISTER : Nurses who have completed General Nursing and Midwifery course as prescribed by revised syllabus of the Indian Nursing Council (1986) shall be registered as a Registered Nurse-Midwife in Part II Register. A certificate of registration shall be issued in Form V.

(c) PART III REGISTER : Names of Persons who have completed the course of Health Visitors as prescribed by the Indian Nursing Council in the recognised institution shall be registered in Part III Register as a Registered Health Visitor. A certificate of Registration shall be issued in Form VI.

(d) PART IV REGISTER : Persons who have completed the revised Auxiliary Nurse Midwifery course as prescribed by the Indian Nursing Council (1977) (the syllabus which has been revised and restructured for the Auxiliary Nurse Midwifery course with a view to set forth regulations, syllabus, and courses of studies to be followed for the training and preparation of health workers (male and female) under the Multipurpose Health Workers' Scheme) shall be registered as Health Worker/Auxiliary Nurse Midwife.

(i) FEMALE HEALTH WORKER/AUXILIARY NURSE MIDWIFE :

The certificate of Registration for Female Health Workers /Auxiliary Nurse Midwives shall be issued in Form VII (A). They shall be entered in Part IV Register (i).

(ii) MALE HEALTH WORKER :

The certificate of Registration for Male Health Workers)/ Auxiliary Nurse Midwives shall be issued in Form VII (B). They shall be entered in Part IV Register (ii).

(e) PART V REGISTER : Persons who have completed the Pre-revised Auxiliary Nurse Midwifery course as prescribed by the Indian Nursing Council under the recognised institute shall be issued a certificate of Registered Auxiliary Nurse-Midwife in Form VII (C). They shall be entered in Part V Register.

94. Entries in the list shall be made and maintained in numerical order according to the dates on which the names of persons are entered therein. A card index for the whole list in alphabetical order giving reference to the list shall also be maintained.

95. All the Registers of Parts I, II, III, IV, V shall be again divided into two sections - (a) and (b).

96. Persons who have been registered for the first time under the Mizoram Nursing Council shall be entered in section (a) of the appropriate part of the Register.

97. Any persons who have already been registered under the Assam Nursing Council and from any other State Council of India shall be entered in section (b) of the appropriate part of the Register.

FORM — II

MIZORAM NURSING COUNCIL

Application for registration under clauses (a), (b), (c), (d), and (e of section 13 of the Mizoram Nursing Council Act, 1990.

(To be submitted through the Head of the Institution/Principal of the Institution).

I, (Name in full) ....of

(permanent address in full)...

....

hereby apply to be admitted to the Register of Nurses/Midwives/Nurse-Midwives Health Visitors/Health Workers/Auxiliary Nurse-Midwives under section 13 (a), (b), (c), (d), (e) of the Mizoram Nursing Council Registration Act, 1990. My requisite particulars are furnished below :

Date of Birth :
Father's/Husband's Name :
Nationality :
Whether married/Single/Separated/Widow :
Where employed or practising :
Student Registration No :

I was trained at the ....for................ years..............months General Nursing/General Nursing and Midwifery/Health Visitor/Basic Health worker (Male/Female)/Auxiliary Nurse-Midwives held by the Council in ....19..

I hereby undertake that if I am admitted to the Register I will in the practice of my profession as Register Nurse/Nurse-Midwife/Health Visitor/Basic Health Worker (Male) (Female/Auxiliary Nurse-Midwife observe and be bond by the rules and regulations issued by the Mizoram Nursing Council so far as they affect me and that if the Mizoram Nursing Council shall at any time after due enquiry order my name to be removed from the Register, I will return to the Registrar my certificate.

I pay herewith the prescribed fee of Rs. .... I am submitting two copies of my recent photoraphs duly attested.

Countersignature
(with remarks)

Signature of the Student

Head of the Intitution/Principal.

(N.B. : Underline the category applied for and strike out categories which are not applied for).

To,

The Registrar,
Mizoram Nursing Council.

Any change to be communicated to the Registrar from time to time.

FORM – III (A)

MIZORAM NURSING COUNCIL

(Application for the continuance/renewal of registration of name in the register of the Mizoram Nursing Council)

I, (Name in full and block letter) ... .

....

(Present address in full and block letters) ....

....

holding the following certificate of Registration issued by the Assam Nursing Council/Mizoram Nursing Council/Any other Nursing Council :—

Registered Nurse ... .NO..................date...............

Registered Midwife ....NO..................date...............

Registered Nurse Midwife ....NO..................date...............

Registered Health Visitor ....NO..................date...............

Registered Auxiliary Nurse Midwife........NO..................date...............

Registered Health Worker

(a) Female.......................NO..................date...............

(b) Male..........................NO..................date...............

I am at present practising/working for the last ....

....

A certificate of my identity in the form prescribed by the Council is enclosed.

Date : Signature.............................

FORM – III (B)

MIZORAM NURSING COUNCIL

CERTIFICATE OF IDENTITY

I hereby certify that Smt/Shri .... is known to me personally for the last ....years and she/he is the same person whose name formerly stood in the register with the following address and qualification.

*..

....

....

....

I know that she/he is practising at present, at the following address

%..

....

Date ....   Signature ....

Gazetted Nursing Officer/Registered
Medical Practitioner/Magistrate/
Gazetted Officer.

---

* Insert (a) Address (b) Qualification entered in the register against the applicant's name with number and date thereof.

% Insert the applicant's present address.

FORM – III (C)

MIZORAM NURSING COUNCIL

RENEWAL OF REGISTRATION

No. Ren/

This is to certify that the Registration of ____________________

____

____

____

is renewed up to ....

Date ....

Registrar,
Mizoram Nursing Council.

FORM – IV (A)

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

Photo

This is to certify that

Ms/Mr ....

D/o/S/o ....

having taken a course of training at ....

....

from .... to .... has passed the

Examination ....

conducted ....

on .... and is admitted in Part I of the Register maintained under the provisions of the Mizoram Nursing (Registration) Act. 1990 as a REGISTERED NURSE.

The number assigned to her/him in the Register is ....

....

dated the .... of .... 19 ....

Common Seal of the
Council.

President Registrar

FORM – IV (B)

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

Photo

This is to certify that

Ms/Mr ....

D/O/S/O ....

having taken a course of training at ....

....

from .... to .... has passed the

Examination ....

conducted by ....

on .... and is admitted in Part I of the Register maintained under the provisions of the Mizoram Nursing (Registration) Act, 1990 as a REGISTERED MIDWIFE

The number assigned to her/him in the register is ....

dated .... of .... 19 ......

Common Seal of the Council

President Registrar

FORM – V

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

Photo

This is to certify that

Ms/Mr ....
D/o/S/o ....
having taken a course of training at ....
....
from .... to .... has passed
the Examination for ....
conducted by ....
on .. .. and is admitted in
Part II of the Register maintained under the provisions of the Act, 1990 as a
REGISTERED NURSE-MIDWIFE.

The number assigned to her/him in the Register is ....
dated .... of .... 19............

Common Seal of the Council

President Registrar

FORM – VI

MIZORAM NURSING COUNCIL

CERTIFICATE OF RERISTRATION

Photo

This is to certify that

Ms/Mr ....
Do/So ....
having taken a course of training at ....
....
from .... to ....
conducted by ....
on .... and is admitted in
Part III of the Register maintained under the provisions of the Act, 1990 as a
REGISTERED HEALTH VISITOR.

The number assigned to her/him in the register is ....
dated .... of .... 19 ....

Common Seal of the Council

President Registrar

FORM - VII (A)

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

This is to certify that

Photo

Ms/Mr...
D/o/S/o ....
having taken a course of training at ....
....
from..
conducted by..
on..
and is admitted in Part IV(i) of the Register maintained under the provisions of the Act, 1990 as a REGISTERED HEALTH WORKER, (FEMALE)/REGISTERED AUXILIARY NURSE - MIDWIFE.

The number assigned to her/him in the register is ....dated.......... of..............19........

Common Seal of the Council

President Registrar

FORM - VII (B)

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

This is to certify that

Photo

Ms/Mr ....
S/o/D/o ....
having taken a course of training at....................................
....
from..
conducted by..
on..and is admitted in Part IV (ii) of the Register maintained under the provisions of the Act, 1990 as a REGISTERED HEALTH WORKER (MALE)/Auxiliary Nurse-Midwife.

The number assigned to her/him in the register is ....dated .... of.. ....19..........

Common Seal of the Council

President Registrar

FORM – VII (C)

MIZORAM NURSING COUNCIL

CERTIFICATE OF REGISTRATION

Photo

This is to certify that

Ms/Mr ....

S/o/D/o ....

having taken a course of training at ....

....

from .... to ....

conducted by ....

on .... and is admitted in

Part V (i) of the Register maintained under the provisions of the Act, 1990 as a REGISTERED AUXILIARY NURSE – MIDWIFE.

The number assigned to her/him in the register is..............................

dated .... of .... 19 ....

Common Seal of the Council

President

Registrar

MIZORAM NURSING COUNCIL REGISTER

PART – I REGISTER (i) (a) FOR REGISTERED NURSES

Consecutive registered number	Full name with date & place of birth	Permanent Address	Nationality	Place or places & period or periods of training	Qualifications & date issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross references & Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART–I REGISTER (i) (b) FOR REGISTERED NURSES

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or places & period or period of training	Qualifications and date of issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration.	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART-I REGISTER (ii) (a) FOR REGISTERED MIDWIVES

Consecutive registered number	Full name with date & place of birth	Permanent Address	Nationality	Place or places & period or period of training	Qualification and date of issuing certificate	Year of passing the final examination class or distinction obtained.	Date of registration	Date of renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART II REGISTER (b) FOR REGISTERED NURSE - MIDWIVES

Consecutive registered number	Full name with date & place of birth	Permanent address	Nationality	Place or places & period or periods of training	Qualifications and date of issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART - III REGISTER (a) FOR REGISTERED HEALTH VISITORS

Consecutive registered number	Full name with date & place of birth	Permanent Address	Nationality	Place or places & period or periods of training	Qualifications and the date of issuing certificate	Year of passing the final examination class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar Mizoram Nursing Council	President Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART – III REGISTER (b) FOR REGISTERED HEALTH VISITORS

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or places & period or periods of training	Qualifications and the date of issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART – IV REGISTER (i) (a) FOR REGISTERED FEMALE HEALTH WORKERS/AUXILIARY NURSE MIDWIVES

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or places & period or periods of training	Qualifications and date of issuing Certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross References and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER
PART – IV REGISTER (i) (b) FOR REGISTERED FEMALE HEALTH WORKERS/ AUXILIARY NURSE MIDWIVES

Consecutive registered member	Full Name with date & place of birth	Permanent Address	Nationality	Place or Places & period or Periods of training.	Qualifications and the date of issuing certificate	Year of passing the final examination class or distinction obtained.	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER
PART – IV REGISTER (ii) (a) FOR REGISTERED MALE HEALTH WORKERS AUXILIARY NURSE MIDWIVES

Consecutive registered member	Full Name with date and place of birth	Permanent Address	Nationality	Place or places & period or periods of training	Qualifications and date of issuing certificate	Year of passing the final examination class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART IV REGISTER (ii) (b) FOR MALE HEALTH WORKERS/AUXILIARY NURSE MIDWIVES

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or placesand period or periods of training	Qualifications and date of issuing certificate	Year of passing the final examination class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART V REGISTER (a) FOR REGISTERED AUXILIARY NURSE MIDWIVES

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or places and period or periods of training	Qualifications, and date of issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar
Mizoram Nursing Council

President
Mizoram Nursing Council

MIZORAM NURSING COUNCIL REGISTER

PART V REGISTER (b) FOR REGISTERED AUXILIARY NURSE–MIDWIVES

Consecutive registered number	Full name with date and place of birth	Permanent Address	Nationality	Place or places and period or periods of training	Qualification and date of issuing certificate	Year of passing the final examination, class or distinction obtained	Date of Registration	Date of Renewal	Cross references and Remarks
1	2	3	4	5	6	7	8	9	10

Registrar,
Mizoram Nursing Council.

President,
Mizoram Nursing Council.

CHAPTER—XVI

CODE OF PROFESSIONAL CONDUCT

98. As a Registered Nurse, Nurse-Midwife, Health Visitor, Auxiliary Nurse-Midwife and Health Workers, they are personally accountable for their practice and, in exercise of their professional accountability, they shall :—

(1) act always in such a manner to promote and safe guard the interests and well-being of patients and clients;

(2) ensure that no action or omission on their part, or within their sphere of responsibility is detrimental to the interests, condition or safety of patients and client;

(3) maintain and improve their professional knowledge and competence;

(4) acknowledge any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner;

(5) work in an open and co-operative manner with patients, clients and their families, foster their independence and recognise and respect their involvement in the planning and delivery of care;

(6) work in a collaborative and co-operative manner with health care professionals and other involved in providing care, and recognise and respect their particular contributions within the care team;

(7) recognise and respect the uniqueness and dignity of each patient and client, and respond to their need for care, irrespective of their ethnic origin, religious beliefs, personal attributes, the nature of their health problems or any other factors;

(8) report to an appropriate person or authority, at the earliest possible time, any conscientious objection which may be relevant to their professional practice;

(9) avoid any abuse of their privileged relationship with patients and clients and of the privileged access allowed to their person, property, residence or work place;

(10) protect all confidential information concerning patients and clients obtained in the course of professional practice and make disclosures only with consent, where required by the order of a court or where they can justify disclosure in the wider public interest;

(11) report to an appropriate person or authority, having regard to the physical, psychological and social effects on patients and clients, any circumstances in the environment of care which could jeopardise standards of practice ;

(12) report to an appropriate person or authority any circumstances in which safe and appropriate care for patients and clients cannot be provided ;

(13) report to an appropriate person or authority where it appears that the health or safety of collegues is at risk as such circumstances may compromise standards or practice and care;

(14) assist professional colleaques, in the context of their own knowledge, experience and sphere of responsibility, to develop their professional competence, and assist others in the care team, including informal carers, to contribute safety and to a degree appropriate to their roles ;

(15) refuse any gift, favour or hospitality from patients or clients currently which might be interpreted as seeking to exert influence to obtain preferential consideration ; and

(16) ensure that their registration status is not used in the promotion of commercial products or services, declare any financial or other interest in relevant organisations providing such goods or services and ensure that their professional judgement is not influenced by any commercial considerations.

(17) uniform and badge ;

(a) every registered person, while on duty shall, except as provided in paragraph (b) of this clause, wear a badge of the type specified by the Mizoram Nursing Council. The Council shall design and manufacture at such place, and in such manner as may be decided by the Council each badge shall be stamped or engraved on the back with the name and registration number of the registered person to whom it is issued. The price of each badge and of each duplicate shall be fixed by the Council taking into consideration the cost of preparation of such badge or duplicate.

(b) if at any time a badge of a registered person is lost she/he shall intimate the fact in writing immediately and in any case not later than one month after the discovery of the loss, to the Council, the Council shall issue a duplicate badge after three months, from the date of receipt by the Council of such intimation and pending the issue of a duplicate badge he shall be exempted from wearing the badge as required by sub-clause (b) of this clause (17).

(18) (a) a registered person who is not registered as a midwife shall not take up a midwifery case.

(b) a registered person shall not employ an unregistered person as a substitute.

(19) (a) after the coming into force of these Bye–Laws every registered person shall before continuing or commencing her/his practice as a Nurse, Nurse–Midwife or Health Visitor, Auxiliary Nurse-Midwife and Health Worker, give a notice in writing in Form VIII (A) as given at the end of this Chapter.

(b) Whenever the principal place of work or practice of any registered or enlisted person is charged, she/he shall immediately intimate the change to the Registrar by a registered letter. On receipt of such intimation, the Registrar shall change the records accordingly.

(c) Every registered person shall if not in the employ of a government, Municipal or other public hospital, keep a record of the General Nursing cases attended by him in Form VIII (B) as given at the end of this Chapter.

(d) Every Registered Nurse–Midwife, Midwife, Auxiliary Nurse–Midwife/Female Health Worker shall, if not in the employ of a government, Municipal or other public hospital, keep a record of the labour cases conducted by him in Form VIII (C) as given at the end of this Chapter.

(20) A registered person shall produce before the Council the records maintained by him when required to do so. He shall not destroy those records or arrange to have them destroyed. If she/he finds it inconvenient to preserve them she/he shall hand them over to the Council.

(21) The following designation only shall be used by registered persons, namely :-

By those registered in Part I of the register –	(i) Registered Nurse, Mizoram. (ii) Registered Midwife Mizoram.
By those registered in Part II of the register.	Registered Nurse–Midwife.

By those registered in Part III — Registered Health Visitor
of the register
By those registered In Part IV — Registered Health Worker/
of the register Auxiliary Nurse-Midwife
(Female)

— Registered Health Worker/
Auxiliary Nurse Midwife (Male)

By those registered in Part V — Registered Auxiliary Nurse-
of the register Midwife.

A registered person, if she/he so desire, use in respect of registration the letter Registered Nurse; Registered Midwife (R.N; R.M), Mizoram; Registered Nurse-Midwife (R.N.M.), Mizoram; Registered Health Visitor (R.H.V.), Mizoram; Registered Auxiliary Nurse-Midwife (R.Aux.N.M), Mizoram; Registered Health Worker (Female) (R.H.W.) (F)), Mizoram ; Registered Health Worker(Male) (R.H.W. (M)), Mizoram; respectively. The use of any other letters indicating his qualifications, except the letters of degrees or diploma obtained from other recognised bodies, shall not be permitted.

(22) REMOVAL OR RE-ENTRY IN THE REGISTER :

(a) The Council by a two-third majority vote has the power to prohibit the entry in or direct the removal from the registers of names of persons who have been convicted of a non-bailable offence on the ground that such person has been guilty of conduct indicating that she is not fit to practise nursing or if it finds defects in such person's character.

(b) Before order of removal of the name from the Register is passed, the Council shall make or cause an enquiry to be made and shall call upon the registered person of explanation or defence and if the Council considers that a working or censure would meet the ends of justice, the Council may warn or censure him. If, however, the Council is of opinion that the name of such person should be removed from the register and it may pass such an order.

(c) An enquiry shall be instituted by the issue of a notice in writing on behalf of the Council by the Registrar addressed to the registered person. Such notice shall specify the nature and particulars of the charge and inform him of the day on which the Council intends to deal with the case and shall call upon the registered person to answer the charges in writing and to attend before the Council on such day. The notice shall be sent at least three weeks before the date of an enquiry.

(d) Any notice or order under the aforesaid provision shall be sent by registered post to the registered person at his permanent address appearing in the Register.

(e) On the expiry of the period within which an appeal to be made against the order of removal or if the order is confirmed in appeal the registered person shall surrender her/his certificate to the Registrar.

(f) The Council may, on sufficient cause being shown, direct that the name of the person so removed shall be re-entered in the Register. The fee for re-entering the name in the register shall be Rs. 100.00.

FORM—VIII (A)

NOTICE OF INTENTION TO PRACTICE

To, The Registrar,
Mizoram Nursing Council

Madam/Sir,

I (Name in full)...
of..(Permanent Address)
at present residing at..
holding Registration number...
dated...hereby inform you that I am practising/intend to practise as Registered Nurse, Registered Nurse-Midwife, Health Visitor, Auxiliary Nurse-Midwife, Health Worker (Male & Female) at............

Date : Signature

(N. B) : Underline the category applied for and strike out categories which are not applied for).

FORM—VIII (B)

FORM OF RECORDS OF GENERAL NURSING CASES TO BE MAINTAINED BY REGISTERED NURSE, NURSE-MIDWIFE, HEALTH VISITOR, AUXILIARY NURSE-MIDWIFE, HEALTH WORKER (Male & Female). IF NOT IN THE EMPLOY OF A GOVERNMENT, MUNICIPAL OR OTHER PUBLIC HOSPITAL.

1. Name and address of the patient...
Hospital, etc.

2. Period of engagement from......................to ....

3. Nature of illness...

4. Name and address of the medical person treating the patient ....

5. Remarks...

FORM – VIII(C)

FORM OF RECORDS OF LABOUR CASES TO BE MAINTAINED BY REGISTERED NURSE, MIDWIFE, AUXILIARY NURSE – MIDWIFE, MIDWIFE IF NOT IN THE EMPLOY OF A GOVERNMENT, MUNICIPAL OR OTHER PUBLIC HOSPITAL.

Name & Address of the patient ....
....
No. of previous miscarriages .... — ..
Date of expected confinement ....
Presentation ....
Date & Duration of labour ....
Sex of child .... Born living or dead ....
Full term or Premature ....
Name & Address of doctor called ....
....
Complication during and after labour ....
....
Date of last visit ....
Condition of mother and child at the last visit ....
....
Remarks*..
....
....

---

* Insert name and drug administered or applied with dosage and the time of administration or application, excepting a simple aperient.

CHAPTER – XVII

CERTIFICATES

99. ISSUE OF QUALIFYING CERTIFICATE :

The Council shall grant a certificate to any person who has passed an examination in Nursing of any University established by Law in the States concerned or of an authority approved and recognised by the Council in Form IX (A), (B) on payment of fees of Rs. 25.00 as given at the end of this Chapter.

(1) Persons who has passed an examination in General Nursing and Midwifery course as prescribed by the Indian Nursing Council shall be awarded Diploma in General Nurse–Midwife in Form IX (A).

(2) Persons who has passed an examination in Revised Auxiliary Nursing – Midwifery/Health Worker course as prescribed by the Indian Nursing Council shall be awarded certificate in Auxiliary Nurse – Midwife/Health Workers in Form IX (B).

100. The curriculum for the courses, the period of training and the manner in which it should be imparted shall be such as may be prescribed by the Indian Nursing Council under regulations framed from time to time, in that behalf.

101. ADVANCED AND OTHER COURSES :

The Mizoram Nursing Council may institute advanced and other courses in any fields of Nursing, health visiting and allied subjects in accordance with Bye–Laws framed by the Council from time to time in that behalf.

FORM – IX (A)

MIZORAM NURSES' MIDWIVES,' NURSE – MIDWIVES,' HEALTH VISITORS,' AUXILIARY NURSE – MIDWIVES,' HEALTH WORKERS,' COUNCIL

Registration No. ....

Year :...... :......................

DIPLOMA – GENERAL NURSE – MIDWIFE

This is to certify that Ms/Mr ... .
D/O/S/O .. ..
has successfully completed the Diploma General Nurse – Midwife as prescribed by the Indian Nursing Council (any clinical speciality in lieu of midwifery)
on the .. ..
day month year in words
and was placed in the .... Division

Registrar President

Council Round Seal

Date :............ ....

FORM - IX (B)

MIZORAM NURSES' MIDWIVES.' NURSE - MIDWIVES,' HEALTH VISITORS,' AUXILIARY NURSE MIDWIVES,' HEALTH WORKERS COUNCIL.

Registration No. ....

CERTIFICATE OF AUXILIARY NURSE MIDWIFE/HEALTH WORKER

This is to certify that Ms/Mr .. ..
.. ..
D/O/S/O .. ..
has successfully completed the Revised Auxiliary Nursing - Midwifery/Health Worker course as prescribed by the Indian Nursing Council on the .. ..
... .
day month year in words

She/he is qualified to practise as an Auxiliary Nurse - Midwife and in the rural areas as Health Worker.

Registrar President

Council Round Seal

Date :................

CHAPTER XVIII

PUBLICATION OF NAMES OF REGISTERED PERSON

102. Name of registered persons with their residential addresses shall be published in such intervals and in such forms as the Council may direct from time to time.

CHAPTER—XIX
FINANCE AND AUDIT

103. CASH BOOK

(1) All money received or spent by or on behalf of the Nursing Council shall without any reservation be brought to account in the Cash Book.

(2) The Cash Book shall each day be checked item by item, closed and balanced and signed by the Registrar or any other person authorised by the President on his behalf during his absence. At the end of each month it shall be compared and agreed with the Pass Book of the Bank. Every item of receipt and expenditure shall be checked with entries in the Cash Book.

(3) The Cash Book of the Nursing Council shall be maintained on double entry system.

104. FORMS AND REGISTERS

(1) The Nursing Council shall maintain the following registers in addition to Cash Book for keeping proper accounts :—

(a) Journal
(b) Ledger
(c) Receipt Book Register
(d) Cheque Books Register
(e) Remittance Register (for deposit with the Bank)
(f) Interest bearing Security Register
(g) Investment Register in connection with contributory Provident Fund
(h) Budget Estimate Register
(i) Appropriate Register
(j) Contingency Register
(k) Bill Register
(l) Travelling Allowance Register
(m) Medical Re-imbursement Register
(n) Leave Salaries Register
(o) Pension Contribution Register
(p) Acquittance Register
(q) Register for fixed charges (against particular work, if any, such as rent, work charged labourer etc.)
(r) Recoupment Voucher Register against permanent advances
(s) Loan Register
(t) Register for centre grant
(u) Register for honoraria to the persons employed in connection with examinations
(v) Asset Register (for land, building, vehicle etc.)
(w) Register for advances
(x) Register for Earnest & Security Money
(y) Service Roll for staff under subordinate services
(z) Register for Government Grants.

(2) (a) Stock Registers for Consumable & Non-Consumable articles
(b) Postage Stamps Register
(c) Any other Register the maintenance of which may be considered necessary by the Nursing Council in its day to day work.

(3) The Registers and forms of accounts shall be maintained in the forms in which these are maintained in the Government Offices in connection with the execution of similar business. If some of these Registers and forms are not consistent with those used in the Government Offices, the forms with suitable modifications may be adopted with the approval of the Government.

105. NO PAYMENT WITHOUT PROPER SANCTION

No payment shall be made except on the written order of the Registar or any other person authorised by the President in this behalf who shall not make such an order until he has satisfied himself that the budget allotment under the head concerned will not thereby exceed and unless the sanction of the the Nursing Council exists for the charge.

106. UTILIZATION OF GOVERNMENT GRANTS

(1) The grant-in-aid given by the Government shall be utilized for the purpose for which it has been sanctioned and also in accordance with conditions, if any attached to such grant.

(2) In case the situation expressly demands to appropriate such grant or any portion thereof for a purpose other than any of the approved purposes for which it has been sanctioned, the Nursing Council shall apply for re-appropriation in such manner and subject to such other conditions prescribed in the Mizoram Nursing Council (Re-appropriation) Rules.

107. RE-APPROPRIATION

The cases of re – appropriation shall be regulated by the Mizoram Nursing Council (Re-appropriation) Rules,

108. EXAMINATION AND AUDIT ACCOUNTS OF

The examination and audit of accounts shall be conducted in the maner prescribed by the Mizoram Nursing Council (Examination and Audit of Accounts) Rules.

109. ISSUE OF RECEIPTS

(1) Except as otherwise provided in these rules, wherever money is received by any Officer or employee authorised by the Nursing Council, for credit to the Nursing Council's Fund, a receipt in the prescribed form shall be given to the person making the payment.

(2) The Nursing Council shall, from time to time, designate by resolution the persons by whom receipts in the prescribed form may be signed on behalf of the Nursing Council.

(3) Receipts shall be written in ink or with indelible pencil in duplicate by means of doublesided carbon paper, the carbon copy being retained by the official issuing receipt and the original handed over to the person making the payment.

110. REMITTANCE TO THE BANK

(1) At the end of each day or if the Bank is closed, on the first subsequent day on which it is open, the money received during the day at the office of the Nursing Council shall be remitted to the Bank with a prescribed deposit bank challan, particular, of which shall be entered in the Remittance Registers as well as in the Cash Book and when the duplicate foils of the challan is received back from the Bank, the entries in the Cash Book shall be checked with such foil and initialed by the Registrar or any other person appointed by the President in this behalf and foils shall be used as voucher for the remittance and shall be filed in the guard file.

(2) All money remitted to the credit of the Nursing Council and all payments to the Bank on cheques or otherwise on account of the Nursing Council shall be entered in a pass book. The Pass-Book shall remain in the custody of the Registrar or of any other person authorised by work on his behalf and it shall be sent to the Bank twice in a month, ordinarily on the 10th and on the last working day of every month, and on any other day on which the Nursing Council may require the posting to be done.

(3) When payment is received by means of a cheque drawn on the Bank, the cheque shall be endorsed by the official of the Nursing Council in whose favour it is drawn with the words "Received payment by Transfer Credit to the Nursing Council's Fund".

111. PERMANENT ADVANCE

(1) The Registrar shall hold a permanent advance.

(2) The amount of Permanent advance shall be determined by the Finance Committee of the Nursing Council.

(3) The permanent advance shall be recouped as often as may be necessary in the following manner;

(a) The Registrar shall compose the sub-vouchers with the entries in the permanent advance account;

(b) he shall deface them by stamping "Cancelled" thereon so that they cannot be used again;

(c) he shall total and initial the column "Amount of sub-voucher" in the permanent advance account;

(d) the voucher for recoupment shall be drawn out in a suitable form and it shall be defaced with the usual payment order;

(e) he shall draw out a cheque in his favour for the amount.

112. PAYMENT TO BE BY CHEQUE

(1) All sums of less than rupees fifty payable from the Nursing Council fund shall ordinarily be paid from Permanent advance with the Registrar; sums or rupees fifty and over shall ordinarily be paid by cheque. The Drawing and Disbursing Officer shall satisfy himself about the mode of the payment.

(2) All cheques drawn on the Fund shall be signed by the Registrar and presented for encashment after obtaining the countersignature of the President.

(3) No cheque shall be signed unless required for immediate delivery to the person to whom the money is to be paid, not until the Bill, which it will discharge, has been presented in a complete form, examined and passed for payment.

(4) If a cheque, after it has been signed cannot be delivered to the payees on account of his non-appearance on a particular date it shall be kept in the custody of the Disbursing Officer of the Nursing Council.

(5) A cheque shall be current for three months only. If and when a person in whose favour the cheque was drawn brings it back to be re-dated after the expiry of that period and up to six months from the date on which the cheque was originally issued, a fresh cheque shall not be issued; but the original shall be redated by the official whose duty it should be to sign cheques. The fact of re-dating shall be noted in the Cash Book as well as in the counter foil. A cheque remaining unpaid for any cause for six months from the date of its issue shall be cancelled and its amount written back.

(6) Cheque book shall be supplied by the Bank only; and no other forms shall be used. The cheque books and the counterfoils of used cheques shall be kept in the custody of the Registrar or any other person authorised to work on his behalf.

(7) On receipts of a cheque book from the Bank, the Registrar shall count the cheques and shall record on the back of the cheque book that "this cheque book contains-(both in figure and in words) forms." The cheque book shall also be entered in the Cheque Books Register.

113. PAYEE RECEIPT

Every payment made, either in cash or by cheque shall be covered by a receipt, stamped if necessary, signed by the person to whom the money is due and to whom it has actually been paid.

114. CLASSIFICATION OF BILLS AND VOUCHER

Bills and Vouchers which have been paid by cheque shall be divided into the following classes, namely –

(1) Salary and Establishment Bills,
(2) Examinations Bills and
(3) Other Bills.

Each class of bills shall be posted in a separate guard file and shall be consecutively numbered in order of payment.

Provided that sub-vouchers which have been paid in cash out of the permanent advance, shall be separately filed together with the recoupment vouchers covering them.

115. BILLS REGISTER

In order to facilitate the check of establishment and other bills and to ensure no charges is paid twice the Bill Register shall be maintained in the prescribed forms of Assam Schedule III Form No. 16.

116. STOCK REGISTER AND PHYSICAL VERIFICATION

The Nursing Council shall maintain a stock register separately for consumable and non-consumable articles and shall arrange for section-wise physical verification at least once in a year by an Officer not otherwise connected with that particular section or portion.

117. REGISTER OF IMMOVEABLE PROPERTY

The Nursing Council shall maintain immovable property in the prescribed form in which shall be entered details of all immovable property of the Nursing Council and also of the rent demand.

118. REGISTER OF GOVERNMENT GRANTS

A register of grants containing the following columns shall be maintained by the Nursing Council :—

(1) Serial number
(2) Number and date of sanction letter
(3) Purpose of grant
(4) conditions, if any, attached to grant
(5) amount sanctioned
(6) number and date of demand draft issued by the sanctioning authority
(7) dates on which it has been credited
(8) dates of issue of utilization certificate
(9) dated initials of the Registrar.

119. MODE OF PAYMENT OF GRANT

The annual periodical grant sanctioned by the Government shall be paid into the State Bank of India Aizawl Branch, to the credit of the Nursing Council Fund.

120. CLASSIFIED ABSTRACT AND MONTHLY ACCOUNT

For the purpose of classifying the income and expenditure of the Nursing Council a classified abstract and a detailed account shall be maintained in Form I and Form II for every month the abstract accounts by the 5th of the month and the detailed accounts by the 5th of the next month shall be placed before the President to exercise control over expenditure.

121. ANNUAL ACCOUNT

At the end of every financial year the receipt and payment accounts, income and expenditure accounts and balance sheet shall be prepared and submitted to the Government in the prescribe Form.
(Form X (a) & (b)

122. (1) USE OF SERVICE POSTAGE STAMPS

Service Postage Stamp may be used by the Nursing Council with the approval of the Government.

(2) CLASSIFICATION OF TELEGRAPHIC MESSAGES

Telegraphic messages, the charges for which are to be borne by Nursing Council shall be classified as "Private".

(3) MAINTENANCE OF POSTAGE STAMPS ACCOUNT

A register of postage stamps shall be maintained by the Nursing Council in the following manner :—

(a) Date
(b) Opening Balance
(c) Total Nos. of letter in classified manner (ordinary, Register of recorded delivery, etc.)
(d) Total expenses under (c)
(e) Closing Balance
(f) Remarks.

(4) All stamped receipts from the Post Office shall be posted in the Despatch Register against the letters to which they relate.

(5) There shall be a monthly verification of stamps in all its denomination by any Officer authorised by the Registrar.

(6) Contract with Post Office : The Nursing Council may enter into a contract with the Postal Department for the use of stamp Token for its own correspondence, if the bulk of postal transaction ensures economy for the Nursing Council.

123. ACCOUNTS BOOK

Figures in all the accounts of the Nursing Council shall be in English character. All books of accounts and registers shall be substantially bound and machine-numbered before being brought into use and a page certificate shall be recorded over the signature of the Registrar or any other person authorised to work on his behalf. No accounts shall be prepared on loose sheets of paper or loosely bound volume.

124. CORRECTIONS TO BE ATTESTED

All corrections and alterations in accounts shall be done neatly in red ink and attested by the Registrar or any other Officer authorised to work on his/her behalf. All corrections and alterations in a voucher shall be attested by the payee. Erasures shall on no account by permitted in registers, statements, vouchers on accounts of any description.

125. EXAMINATION OF REGISTERS

The Registrar or an Officer authorised by him her in this behalf from time to time examine the different registers maintained by the employees of the Nursing Council and shall record a certificate at the end of each inspection that he has done so.

126. WRITE — OFF

(1) Irrecoverable dues or losses up-to one hundred in each case may be written off by the Registrar.

(2) Where such amount exceeds rupees hundred but does not exceed five hundred rupees, the amount may be written off by the President subject to the approval of the Finance Committee and where it exceeds rupees five hundred with the sanction of the Governing Body of the Nursing Council.

127. MINIMUM BALANCE

The actual cash balance of the Nursing Council's Fund shall not be permitted at any time to fall below rupees fifty thousand.

128. RESTRICTIONS UPON PAYMENTS FROM NURSING COUNCIL

No payment shall be made from the Nursing Council's Fund except in one manner provided in those rules and in particular no payment shall be made out of cash received for credit to the Nursing Council's Fund.

129. WEEDING OUT OF RECORD

Vouchers, registers, bills and any other prescribed forms shall not be weeds or destroyed otherwise than in accordance with the directions given by the Governing Body or by the Finance Committee as the cases may be.

130. ENQUIRY INTO EMBEZZLEMENT

(1) Whenever, in embezzlement of money or of property of Nursing Council is discovered, an enquiry shall at once be instituted by the President and the fact of the embezzlement shall be reported to the Governing Body on its first meeting following such date and also to the Government.

(2) Whenever in any circumstances any irregularity likely to be connected with an embezzlement or the fraudulent loss of money or property is discovered, a report at once shall be sent to the Government.

131. TENDER

(1) No work exceeding rupees one thousand in value shall ordinarily be alloted except on the basis of tenders.

(2) Works relating to confidential papers of the Nursing Council shall remain specially exempted from the operation of the sub-rule.

(3) The security and earnest money received in connection with tenders shall be entered in the register.

132. FURNISHING OF SECURITY

(1) Every employee of the Nursing Council unless exempted by a resolution of the Nursing Council shall, if entrusted with the receipt disbursement or custody of money or property of the Nursing Council shall be required to furnish security to an amount to be fixed in each case by the Nursing Council.

(2) Such security may be cash, Government paper or other stocks or a Nursing Council hypothecating property, and in each case a security bond in a prescribed form shall be executed on proper stamp paper provided that a personal security with two securities may be accepted.

(3) Securities shall be examined and verified by the first day of April each year and certificate to the effect that this has been done shall be signed by the Registrar against the "Remarks" column of the Security Register in which details with regard to such securities are to be recorded.

(4) In case of cash security, the amount shall be deposited to the State Bank of India, Aizawl Branch to the credit of the Nursing Council's Fund. The Nursing Council may invest the money in an interest bearing time deposit of the Bank.

133. SANCTION OF EXPENDITURE IN ANTICIPATION OF THE SANCTION OF THE NURSING COUNCIL

In anticipation of sanction of the Nursing Council the President may sanction expenditure if provided for in the Budget to the extent of rupees ten thousands in any one case.

134. ELIMINATION OF AMOUNTS LESS THAN 5 PAISE

Except in respect of dues fixed by or under any law or under any special order of the Government or of the Nursing Council, financial transactions between the Nursing Council and other parties shall be rounded off to the nearest five paise, 21/2 paise and over being treated as five paise and amounts less than 21/2 paise being ignored.

135. MATTERS NOT PROVIDED IN THESE RULES TO BE GOVERNED

Accounting procedures except otherwise provided in these rules shall be guided by the General Financial Rules and other Rules framed by the Central Government or by the Government in respect of identical or similar matters and the interpretation of such matters by the Government shall be considered final.

136. If any difficulty arises in the working of these rules, the Government may make such order or do such thing, not inconsistent with the Act, as it appears to it to be necessary or expendent in moving the difficulty.

137. PREPARATION, PRESENTATION AND SANCTION OF THE BUDGET OF THE NURSING COUNCIL

(1) The President shall place before the annual meeting of the Nursing Council, held in the year following the year in which it is established and before annual meeting thereafter, a report on the working of the Nursing Council during the preceeding financial year together with a budget estimate showing in such form as may be prescribed, the anticipation income and expenditure of the Nursing Council during the financial year in which such annual meeting is held.

(2) The report shall be forwarded to the Government as soon as possible but not later than one month of its presentation before the annual meeting of the Nursing Council together with such comments thereon as the Nursing Council may think fit to make.

(3) The budget estimates shall, after confirmation by the Nursing Council be forwarded to the Government within such time as may be prescribed.

(4) The Government shall within three months of the receipt of the budget estimate either accord its approval to the same or return it to the Nursing Council with such comments and suggestions as it deems necessary if in its opinion such estimates :—

(a) is not reasonably accurate with reference ascertainable facts or shows a deficit in the closing balance;

(b) includes new items of recurring expenditure which are likely to impose on the Nursing Council in the future financial liabilities which the Nursing Council is not likely to be able to meet from its income; or

(c) includes provisions for expenditure which are not in accordance with the provisions of this Act.

(5) If the budget estimates is returned under Sub-clause (a) of clause (4), the Nursing Council shall consider the comments and suggestions made by the Government and may –

(a) if it thinks fit, revise the said estimate or

(b) if it does not think fit to revise the estimate resubmit it in its original form to the Government within one month of receiving it, together with its replies on the comments and suggestions made by the Government.

(6) If the Government does not approve of the budget estimates as revised by the Nursing Council, it may amend the budget estimate by making-

(a) such modifications as are in its opinion necessary to render the estimate reasonably accurate with reference to ascertainable facts or to balance the income and the expenditure;

(b) additions, alteration or modifications in any provision relating to new expenditure of recurring nature;

(c) any alteration or modification in any provision which, in its opinion is not in accordance with the provision of the Act;

(7) The budget estimates as amended by the Government shall be the budget estimates of the Nursing Council for the concerned financial year.

138. GOVERNMENT GRANTS TO THE NURSING COUNCIL

(1) The Government may, after considering the budget estimates, the accounts of the Nursing Council and such other reports as it may call for, make such annuals and periodical grants to meet Nursing Council deficit.

(2) To enable the Nursing Council to function effectively as soon as it is established, and at any time thereafter, the Government will make such grants to the Nursing Council as it may think necessary to meet Nursing Council deficit.

139. FUNDS OF THE NURSING COUNCIL AND THE USE THEREOF

(1) The Nursing Council shall constitute funds as under :—

(a) Reserved Fund, named as "Mizoram Nursing Council Reserved Fund"

(b) Operational Fund, named as "Mizoram Nursing Council Operational Fund".

(2) (a) The initial constitution of this funds shall be made out of earmarked grants from the Government subject to the maximum extent of Rs. 5,00,000.00 for the Reserved Fund and Rs. 5,00,000.00 for the Operational Fund.

(b) Interest accruing on all moneys held in the Reserved Fund shall be transferred to the Operational Fund annually and shall be considered as income of the Nursing Council and taken into account in the preparation of Nursing Council's budget.

(c) All sums which may be paid by the Government for the Reserved Fund and the Operational Fund shall be forthwith deposited in the appropriate fund.

(d) All fees realised under any of the provisions under this Act shall be deposited in the Operational Fund.

(e) All sums representing income from endowments of property owned or managed by the Nursing Council shall be deposited in the Operational Fund.

(f) The Nursing Council shall credit to the Nursing Council's Reserved Funds Accounts all such grants from the Government or donations from any other source made or provided specifically for augmentation of the Reserved Funds immediately on receipt.

(3) All moneys payable to the credit of the Fund shall forthwith be paid into the State Bank of India to the credit of the relevant Fund, and all cheques drawn on the Funds shall be signed by the Registrar and presented for encashment after obtaining the countersignature of the President.

(4) The Nursing Council shall keep account of all its receipt and expenditure in the manner of prescribed.

(5) No expenditure shall be incurred from the relevant Fund of the Nursing Council except for the purposes of this Act and unless such expenditure is provided for in the budget approved under this Act or can be met by reappropriation in the prescribed manner.

(6) No drawal except interest accruing annually on the Reserved Fund shall be made at any time except with the specific approval of the Government.

140. AUDIT OF ACCOUNTS OF THE NURSING COUNCIL

(1) The accounts of the Nursing Council shall be examined and audited annually in such manner as may be prescribed, by an auditor appointed by the Government, besides audit by the Accountant General concerned as and when he so desires.

(2) For the purpose of examination and audit under clause (1) an auditor appointed under that clause may,—

(a) require in writing the production before him of any document relating to the Nursing Council or the assets thereof which he considers necessary for the purposes of audit;

(b) require in writing the personal appearance before him of any person accountable for or having the custody or control of, any such document to answer any question relating thereto; and

(c) require any person so appearing before him to submit a statement in writing in respect of any such document.

(3) It shall be the duty of the Nursing Council, and of every member thereof, and of the Registrar and the member of the staff in the service of the Nursing Council to afford to the auditor every facilities for the examination and audit of the accounts of the Nursing Council and to comply with any requisition made by the auditor under clause (2) and with the requirement of any rule made in this behalf.

(4) Not more than three weeks after the completion of the audit he shall submit to the Government a report on the accounts audited, and shall send a copy thereof to the Nursing Council which shall forward it to the Government together with observations thereon.

(5) The Government shall take such action on the audit reports as it thinks fit.

141. PREPARATION OF BUDGET ESTIMATE

(1) The Registrar shall prepare in respect of each financial year beginning on the first day of April, an estimate of receipts and expenditure of the Nursing Council in Form X and get it scrutinised and finalised in the sitting of the Finance Committee for placing it before the Nursing Council in its annual meeting for confirmation.

(2) The budget estimates shall be formulated and in two parts-(a) Receipts, and (b) Expenditure. It shall be supported by statements referred to in Form X for the item-wise scrunity of receipts and expenditure.

(3) In framing the budget estimates for the coming year, the anticipated closing balance in the Nursing Council's Fund of the current year will be taken into consideration.

(4) The grant that the Government shall sanction under clause (1) and (2) of article 137 of the Bye-Laws to cover up the deficit of the Nursing Council shall be considered primary material factor for preparing budget estimates and revised estimates.

(5) In framing the budget estimates, only the items of receipts and expenditure that can be foreseen shall be provided. The amount of the provision for expenditure shall be realistic.

(6) No lump sum provision shall be made in the budget estimates except for minor items and petty temporary establishment charges. Where a new scheme is planned to be taken up in a financial year, which has been accepted in principle and for which necessary details are not to the minimum requirement of fund and the details may be worked out and set forth in the revised estimates for that year.

(7) In framing revised estimates, the past actuals and those commitments which are likely to materialise during the year shall form the material factors for consideration. The revised estimate shall be prepared in the prescribed form.

142. MANNER OF FINALISATION AND SUBMISSION OF THE BUDGET ESTIMATES

(1) The Nursing Council shall formulate its budget estimates of receipts and expenditure through the Registrar on the basis of programmes or schemes for a financial year ahead by the latter part of July each year nad the Registrar shall complete such exercise by the middle of August.

(2) The Finance Committee shall scrutinize the item-wise details of receipts and expenditures of the estimates and finalise the draft by the last week of August.

(3) The esti ates for receipts and expenditure shall be put up by the President to the Nursing Council for consideration and approval in its annual meeting by first week of September, Any suggestion or change made by the Nursing Council shall be incorporated in the budget estimates before submission to the Government.

(4) The budget estimes so approved by the Nursing Council shall be submitted to the Government not later than 15th of September.

(5) The revised estimates shall be prepared and submitted in the like manner and under similar time margin as referred to in clauses (1) to (4).

(6) The major variation of the amount, if any, in the receipts and expenditures between the budget estimates and the revised estimates shall be covered by short explanation.

(7) The new items of expenditure appearing for the first time either in the revised estimates or in the budget estimates for the ensuing year shall be supported by detailed justification.

(8) The approval to the revised estimates shall be communicated by the Government as soon as the examination and scrutiny of the revised estimates is completed and the accepted statement of expenditure (non-plan) for revised estimates has been received from the Government of India.

143. EXPENDITURE IN EXCESS OF BUDGET PROVISION

(1) Expenditure in excess of the amount prescribed in the budget of the Nursing Council under a detailed head may be incurred after valid reappropriation in the manner and under such conditions as prescribed Form - X (C).

(2) (a) Save as provided in the clause (1) the Nursing Council may sanction with the recommendations of the Finance Committee expenditure in excess of the amount provided in the budget if the excess of the expenditure can be met from the additional funds which become out of Nursing Council's own resources.

(b) When it is found after the close of the financial year that the budget provision financial any head has been exceeded, the excess may be regularised in the manner recommended by the Finance Committee and with the sanction of the Government.

144. TRANSITORY PROVISION FOR THE BUDGET

To enable the Nursing Council to function effectively the take off-stage, the Government shall make suitable adhoc grants to meet its requirements, such grants shall be drawn by the Director of Health Services on the strength of the sanction order of the Government and paid to the President of the Nursing Council.

145. FRAMING AND SUBMISSION OF BUDGET

Not-withstanding anything contained in articles 140, 141, 142 and 143, the Nursing Council shall frame a budget of the Nursing Council for each year. The Nursing Council shall also ask for additional grants if required to meet the expenditure. The Government after due consideration of the proposal shall, if it cousiders justifiable, make such further grants in addition to the adhoc grants already made. Any unutilised portion of the total grants during the year shall be adjusted against the grants for for the next year.

146, EXPENDITURE BEYOND ADHOC GRANT NOT TO BE INCURRED

No excess expenditure shall be incurred till the budget of the Nursing Council for the year is approved by the Government.

147. REMOVAL OF DIFFICULTY

If any difficulty arise in giving effect to any of the provisions of these Bye-Laws, the Government may make such orders or do such thing not inconsistent with the spirit of these Bye-Laws, as it appears to it to be necessary or expedient for removing the difficulty.

148. EXAMINATION AND AUDIT OF ACCOUNTS

The examination and audit of the accounts of the Nursing Council for every financial year shall be conducted in the month of August of the succeeding year by an auditor appointed by the Government.

149. GOVERNMENT TO APPOINT AUDITOR

The Government shall appoint a Chartered Accountant or any qualified person or any other recognised body of auditors herein-after called the auditors to examine and audit the accounts of the Nursing Council.

150. NURSING COUNCIL TO FURNISH REPORTS OF TEST AUDIT TO GOVERNMENT

The Nursing Council shall furnish to the Government the copies of the reports of the test audit, if any, conducted by the Internal Audit Organisation of the Government or by the Accountant General with its comments thereon immediately after the receipt of such reports.

151. NURSING COUNCIL TO FURNISH ITS COMMENTS ON REPORT FROM AUDITOR TO GOVERNMENT

Comments, explanatory notes or compliance report by the Nursing Council on the points raised in the audit report shall also be furnished to the Government either while forwarding a copy of the audit report or on a later date not exceeding 30 days from the receipt of such report from the auditor.

152. GUIDELINES FOR AUDITOR

While conducting the examination and audit of accounts of the Nursing Council, the auditor so appointed by the Government shall inter alia, see:–

(a) Whether the Nursing Council is satisfactorily following the prescribed procedure for preparation of budget estimates and whether such estimates are realistic.

(b) Whether the grants-in-aid are utilized for the purpose for which funds have been sanctioned and whether utilization certificate thereof is submitted to the Government.

(c) Whether the expenditure is on the approved lines with reference to the schemes approved in the budget of the Nursing Council and whether the pattern of subsidy or grant of remuneration is on approved lines.

(d) Whether the actual release of money by the Nursing Council and the procedures adopted are appropriate for the purposes.

(e) Whether the Nursing Council regularly obtains utilization certificates from the examination centres or committee or any other person or authority through whom the Nursing Council has extended grant or subsidy or assistance and whether the Nursing Council has also adequate arrangement for watching the use of the grant or subsidy or assistance rendered by it.

(f) Whether the staff salaries and allowances are paid in accordance with the scales of pay and allowances approved by the Nursing Council.

(g) Whether the leave salary and pension contributions for the staff on foreign service and paid by the Nursing Council regularly and

(h) Whether expenditure on contingencies is reasonable with reference to the programme of the Nursing Council.

153. AUDITOR TO CHECK WHETHER ACCOUNTS ARE MAINTAINED BY THE NURSING COUNCIL

The auditor shall check whether the Nursing Council is maintaining accounts properly and whether the accounts are up-to-date.

154. AUDITOR TO CHECK CASH ACCOUNTS

The auditor shall also check cash accounts maintained by the Nursing Council and give suggestion, if necessary, on better management of cash.

155. AUDITOR TO GIVE CERTIFICATE OF AUDIT

The auditor shall give a certificate as to the satisfactory nature of audit or otherwise.

156. AUDITOR TO DISCUSS WITH THE NURSING COUNCIL POINTS OF DISCREPANCIES ETC.

(1) The auditor shall hold discussion with the Nursing Council authority on all points of discrepancies so detected or objected to, at the last day of audit inspection and made spot settlement on minor precedural discrepancies.

(2) The auditor may include such item or items of spot settlement of discrepancies in the audit report along with the comments of the Nursing Council upon each of the items hold under objections.

157. GOVERNING BODY OF THE NURSING COUNCIL TO SANCTION RE-APPROPRIATION OF FUNDS

Re-appropriation of funds from one primary unit of appropriation to another such unit shall be sanctioned by the Governing Body of the Nursing Council to the extent the situation expressly demands in the opinion of the Finance Committee, at any time before the close of the financial year to which such appropriation relates.

158. RE-APPROPRIATION OF FUNDS

Re–appropriation of funds shall be made only when it is known or anticipated that the appropriation for the unit from which funds are to be diverted will not be utilized in full or that savings can effected in the appropriation for the said unit.

159. EXTENT OF DIVERSION OF FUNDS

The extent of such diversion of funds from primary unit of appropriation to another such unit shall in no case, exceed twenty five percent of the approved budget of the Nursing Council in a particular financial year subject to the following general and specific conditions, namely :—

(1) (a) Funds shall not be re-appropriated to meet expenditure which has not been approved for the financial year;

(b) Funds shall not be re-appropriated from unit with the intention of restoring the diverted appropriation to that unit when savings become available under other units of remaining period of a particular financial year;

(c) No additional staff other than the one approved in the budget shall be appointed;

(d) The rate of grant or subsidy or remuneration required to be given by the Nursing Council shall not increase during the particular financial year to which appropriation relates.

(2) (a) No new schemes will be taken up without the prior approval of the Government.

(b) The diversion of funds shall not be permitted for additional staff on equipment like vehicle etc. without the prior approval of the Government.

(c) Save with the prior consent of the Government no–re–appropriation shall be made from the primary unit "Major Works" to any other unit.

160. APPLICATION FOR ADDITIONAL APPROPRIATION OF FUNDS

Every application for additional appropriation of funds shall ordinarily be accompanied by a statement indicated in the Form X (C) showing how the excess is proposed to be met. In all proposals for re appropriation, the reasons for saving and excesses of Rs. 1,000.00 or above and the primary units affected shall be stated.

161. TRANSFER OR RE-ALLOCATION OF FUNDS

(1) The transfer or re-allocation of funds between different schemes provisions for which is made in the same primary unit of appropriation in the approved budget shall not constitute "re-appropriation" and as such the sanction of the Government shall not be necessary for such a transfer or re-allocation.

(2) All such transfer or re-allocation of funds shall receive the prior concurrence of the Finance Committee of the Nursing Council.

162. GOVERNMENT MAY IMPOSE RESTRICTIONS OR RELAX CONDITIONS

Save as expressly provided herein, the Government may impose such restrictions or relax such conditions, not inconsistent with the Act, as appears to it to be necessary or expedient for better management of financial affairs of the Nursing Council.

163. TRAVELLING AND DAILY ALLOWANCE, ETC.

Travelling and daily allowance shall be paid to a member in respect of every journey performed by him/her for the purpose of attending meetings of the Nursing Council or a sitting of a committee of sub-committee or for the purpose of attending to any other business connected with his/her duty as a member from his/her place of residence to the place where the meeting or the sitting is held or other business is transacted and for the return journey from such place to his/her place of residence, at the following rates, namely :—

(1) TRAVELLING ALLOWANCE

(a) Travelling Allowance shall be paid as per Government rules in force.

(b) If a journey between two places connected by rail is performed by road by a member, he will normally be entitled to the prescribed road mileage limited to First Class fare by rail. However, if the journey by road has been performed in the interest of the Nursing Council's Work with prior approval of the President, full road mileage allowance may be allowed without restricting it to First Class rail fare only.

(c) JOURNEY BY AIR

Air travel should not be permitted as a matter of course. Each case will be examined on merits by the President and permission for air travel shall be granted only if it can be certified that the work is urgent and air travel is necessary in the interest of the Nursing Council's work.

164. SITTING ALLOWANCE

All members, not being in the service of the Nursing Council who is/are attending a meeting of the Nursing Council or a sitting of a committee or sub-committee of the Nursing Council from a place within 8 kilometres from the place of such meeting, irrespective of being a regular or a co-opted member, shall be entitled to a payment of sitting allowance at the rate of Rs. 100.00 per day to cover his/her transport and other incidental expenses.

FORM - X (a)

MIZORAM NURSING COUNCIL

BUDGET ESTIMATES FOR THE YEAR ————

(a) RECEIPTS

Heads	Actuals for previous year say 1991-92	Actuals for previous year say 1992-93	Budget Estimates for the last year say 1993-94.		Revised Estimates for year say 1994-95	Budget Estimates for year 1994-95
			As approved by Nursing Council	As approved by Government		
1	2	3	4	5	6	7
I. FEES Examination Fees/Other fees						
II. INCOME FROM FINES & OTHER SOURCES Royalties on publications, sale of syllabus and text books, sale of Guide Books.						
III. MISCELLANEOUS Enrolments & Investments sale of Answer books, etc.						

1	2	3	4	5	6	7
IV DEBTS, DEPOSIT & ADVANCE						
V. GRANT FROM STATE GOVERNMENT.						
Total Receipts						
Opening Balance						
GRAND TOTAL						

FORM – X (b)

MIZORAM NURSING COUNCIL

BUDGET ESTIMATES FOR THE YEAR———

(b) Expenditure (Figures in thousand)

Heads	Actuals for previous year (say) 1991–92	Actuals for previous year (say) 1992–93	Budget Estimates for last year (say) 1993–94		Revised estimates for year 1995–96	Budget estimates for year 1995–96
			as approved Nursing Council	as approved by Government		
1	2	3	4	5	6	7
1- GENERAL ADMINISTRATION						
a) Pay of Officers						
b) Pay of Establishment						
c) Allowances and Honoraria						
(d) Contingencies & Miscellaneous						
e) Rent, Rates & Taxes						
f) Purchase of land & construction of building & capital expenditure.						

1	2	3	4	5	6	7
II. SCHOLARSHIP (Prize & Medals)						
III. ELECTION						
IV. WORKS.						
V. EXAMINATION CHARGES						
a) Remuneration to Examiners						
b) Other charges						
VI. MISCELLANEOUS						
a) Sundry items						
b) Textbooks & Syllabus						
c) Publication of Guide Book/ holding of seminars/ Introduction of revised syllabus.						
VII. SUPERANUATION ALLOWANCES & PENSION						
VIII. REFRESHER COURSES & OTHER						
IX. STATIONERIES						
X. OFFICE FURNITURES						
XI. DEPTS. DEPOSITS & ADVANCE						
Total Receipts						
Closing Balance						
GRAND TOTAL						

FORM - X (c)

FORM OF STATEMENT TO ACCOMPANY ALL APPLICATIONS FOR EXTRA AMOUNT BY RE-APPROPRIATION

PROPOSED RE-APPROPRIATION FOR CURRENT YEAR

Heads of estimate affected by the proposal	Actual expenditure upto date of the proposal (viz...)	Amount as in the final estimate	Amount as that will stand after re-appropriation

(a) Heads under which the proposed expenditure will fall.

Total

(b) Heads under which it is proposed to reduce the grants

Total

(a) Here enter the details of proposed expenditure.

(b) The full accounts classification mentioning the expenditure must be shown as in the printed budget as the re-appropriation has to be affected by transfer of the figure shown therein.

Note : Reasons for all re-appropriation of Rs. 1,000.00 or more should be given in the reverse.

Signature and Designation of Officer

CHAPTER – XX

TENURE OF OFFICE AND POWERS AND DUTIES OF REGISTRAR AND OTHER OFFICERS AND SERVANTS OF THE COUNCIL

165. APPOINTMENT OF REGISTRAR

(i) The Registrar shall be appointed by the Executive Committee as provided in sub-section (1) of section 12 of the Act, on the same scale of pay as that of the Deputy Director of Health Services with all allowances admissible from time to time in Mizoram.

(ii) The person selected for the appointment of Registrar shall normally be at least B.Sc. Nursing degree holder.

DESIREABLE : A candidate with M.Sc. Nursing degree

She/he should have a knowledge of Mizo language equivalent to Middle School Leaving Certificate standard.

(iii) She/he shall be a Registered Nurse, Registered Midwife or Registered Nurse-Midwife. Not less than 10 years of Nursing Administration/Education/Services.

(iv) The Registrar may either be appointed directly or may be appointed by deputation from the staff of Health & Family Welfare Department on foreign service terms.

(v) In case of appointment by deputation from Health & Family Welfare Department, the person so appointed may opt for the scale of pay for the Registrar or may continue to remain in her/his scale of pay in the parent Department.

(vi) The term of deputation shall normally be two years which may, however, be extended on request from the Nursing Council.

(vii) The Nursing Council shall also make necessary contribution towards her/his pension, leave salary etc. and she/he shall enjoy all facilities of fringe benefits as enjoyed by his/her in her/his parent Department during the period of her/his foreign service under the Nursing Council.

(viii) Notwithstanding anything contained these rules, no deputation allowance shall be admissible to employees of the Government of Mizoram when appointed to the post of Registrar in deputation.

(ix) The Registrar shall normally retire on attaining the age of 58 years unless otherwise determined by the Council.

(x) The Registrar shall not less than 90 days before the expiration of the term of any existing appointment, draw the attention of the President to the approaching vacancy and the latter shall forthwith report it to the Council in order that a new appointment may be made to take effect from the day on which the existing appointment will expire.

166. OWERS OF THE REGISTRAR

(i) She/he shall exercise in respect of the office of the Council, such powers as exercised by the "Head of Office" under the Government of Mizoram and perform such duties as have been given in the Act, Rules, Regulation or Bye-Laws. She/he shall also be responsible for the safety of the property of the Council and the control and management of the office, accounts and correspondence, and shall see that the office staff attend punctuality, and generally fulfill all such duties as may be required of her/him by the Council for the purpose of the Act. She/he shall attend and take notes proceedings of meetings of the Council and Executive Committee.

(ii) The President shall grant leave to the clerks while leave to peons shall be granted by the Registrar.

(iii) During any temporary vacancy in the Office of the Registrar due to leave or any other reason the Executive Committee shall appoint another person to act in her/his place: and only such person so appointed shall, for the period of such appointment be deemed to be the Registrar for the purpose of the Act:

Provided that, when the period of such vacancy does not exceed one month, the appointment may be made by the President, who shall forth with report such appointment to the Executive Committee.

(iv) The Executive Committee may from time to time, grant leave to the Registrar :

Provided that, if the period of leave does not exceed one month, the leave may be granted by the President.

167. FUNCTIONS OF THE REGISTRAR

(i) The Registrar shall,

(a) subject to the control of the Council, be the Chief Administrative Officer of the Council;

(b) subject to control of the President, be responsible for seeing that the order of the Nursing Council are carried out;

(c) be empowered to enter in-to all contracts for and on behalf of the Nursing Council.

(ii) The Registrar shall prepare the annual statements of accounts and budget estimates.

(iii) The Registrar shall be responsible for seeing that all moneys of the Council are expended for the purpose for which they are granted or alloted.

(iv) The Registrar shall exercise such other powers as may be prescribed by Bye-Laws and Regulations.

(v) The Registrar shall be entitled to be present and to speak at any meeting of the Council, but shall not be entitled to vote thereat.

(vi) The Registrar shall perform such duties as have been given in the Act and Bye-Laws and Regulations.

168. CONDITIONS OF SERVICE OF THE STAFF

(i) All matters relating to leave, allowances and other conditions of service of the Registrar and other staff of the Council shall, as far as may be, be regulated in accordance with Central Civil Service rules for the time being in force in Mizoram.

(ii) The Council shall appoint such Officers and servants, other than the Registrar, as it may deem necessary for performing its duties and discharging its functions under the Act:

Provided that, the number and designations of such officers and servants and their salaries and allowances shall be determined by the Council from time to time.

(iii) Subject to financial resources available, the Council shall be competent for the Executive Committee to create temporary posts of clerks or servants and to make appointments thereto, to meet any temporary increase in work, or to carry out work of a seasonal character.

(iv) A member of the ministerial and class IV staff shall be required to retire on attaining the age of 58 and 60 years respectively:

Provided that, the Executive Committee may at their discretion extend the tenure of a member of the ministerial or class IV staff.

(v) The powers and duties of the staff will be such as may be laid down from time to time in the standing orders as framed for the purpose by the Council.

(vi) For the post of L.D.C.-cum-Typist, Peon, Driver and other ministerial staff, the Government of Mizoram approved rules shall be adopted.

169. CONSTITUTION OF FINANCE COMMITTEE

As per Mizoram Nursing Council Act 10(2)(e), the Council shall constitute the Finance Committee to determine the amount of permanent advance to be given to the Registrar and sometime the budget estimates.

APPENDIX

Appendix-A The Mizoram Prevention of Malpractice at Examination Bill, 1990.

APPENDIX-A

The Mizoram Prevention of Malpractices at Examination Bill, 1990

A BILL

To provide for the prevention of malpractices at examinations of the University, Board or any specified authority in the State of Mizoram.

Be it enacted by the Legislative Assembly of the state of Mizoram in the Forty First Year of the Republic of India, as follows :—

CHAPTER – I

PRELIMINARY

Short title, extent and commencement

1. (1) This Act may be called the Mizoram Prevention of Malpractices at Examination, Act, 1990.

(2) It shall extend to the whole of the State of Mizoram.

Provided the provision of this Act relating to examination at the Primary stage shall not apply to any autonomous District within the State of Mizoram but the Governor may by notification and with the concurrence of the District Council of concerned autonomous District, apply all such provisions or any of them to that autonomous District.

(3) It shall come into force on such date as the State Government may by notification, in official Gazette, appoint.

Definitions.

2. In this Act, unless the context otherwise requires

(a) "Board" means the Mizoram Board of School Education established under the Mizoram Board of School Education, Act, 1975 (Mizoram Act. No. 2 1976).

(b) "Custodian of Confidential Papers" means a person appointed by the University, Board or any specified authority to have custody of the question papers for the examination;

(c) "Examination" means any examination held or to be held by the University, Board or any other specified authority as may be specified in this behalf, from time to time, by the Government of Mizoram, by notification in the Official Gazette;

(d) "Examination Centre" means the examination centre for holding any examination of the University, Board or any specified authority as may be alloted to it;

(e) "Examiner" means a person appointed by the University Board and/or other specified authority under such designation;

(f) "Invigilator" means a person appointed to assist the Centre Superintendent in conducting and supervising the examination at a centre;

(g) "Moderator" means a person appointed by the University Board and/or other specified authority under such designation;

(h) "Official Gazette" means the Mizoram Gazette.

(i) "Other specified authority" means any authority specially authorised by Government of Mizoram, University or the Board to conduct Examination;

(j) "Paper Setter" means a person appointed by the University, Board and/or other specified authority under such designation;

(k) "Superintendent" means a person appointed by the University, Board or other specified authority to conduct and supervise examination of the University, Board of other specified examination at a centre and includes an additional Superintendent and an Associate Superintendent;

(l) "Tabulator" means a person appointed by the University, Board and/or other specified authority under such designation;

(m) "University" means any University established by law for and or in the State of Mizoram;

CHAPTER—II

Malpractices and their preventions.

Duties and responsibilities of paper setters and punishment for contravention.

3. (1) Any person who is appointed as Paper Setter at any examination shall not supply or cause to be supplied the question paper prepared by him or a copy thereof or communicate the contents of such paper to any person or give publicity thereto in any manner, except in accordance with the instructions given to him in writing by his/her appointing authority in this behalf.

(2) Any person who contravenes the provisions of sub section (1) above shall, on conviction, be punished with imprisonment for a term which may extend to three months or with fine which may extent to one thousand rupees or with both.

Duties of persons entrusted with printing etc. of question papers and punishment for contravention.

4. (1) Any person who is entrusted with the work of printing, cyclostyling, typing or otherwise producing copies of any question paper for the purpose of any examination shall not supply or cause to be supplied a copy thereof or communicate the contents thereof to any person or give publicity thereto in any manner except in accordance with the instructions given to him in writing by the authority which entrusted the work to him/her.

(2) Any person who contravenes the provisions of sub-section (1) above shall, on conviction, be punished with imprisonment for a term which may extend to three months or with fine which may extend to one thousand rupees or with both.

Prohibition of supply or publication of any question paper before the examination is held.

7. Whoever has in his possession any question paper for any examination and supplies or causes to be supplied or offers to supply a copy thereof or communicates or offers to communicate the contents thereof to any person whether for any consideration or otherwise or gives publicity thereto in any manner, except in accordance with the instructions issued in writing by an authorised officer of the University, Board or any other specified authority concerned with the examination, at any time before the examination is held, shall, on conviction, be punished with imprisonment for a term which may extend to three months or with fine which may extend to one thousand rupees or with both.

Punishment for refusal to work for the conduct and declaration of results of examination.

8. Any person, who being entrusted with the conduct, supervision, evaluation of answer papers, tabulation as a paper Setter, Moderator, Centre Superintendent, Invigilator, Examiner and or Tabulator or publication of results of any examination or any other works connected with the examination or publication of its results, refuses to discharge honestly any function assigned to him/her, shall on conviction, be punished with imprisonment for a term which may extend to three months but not be less than one month or with fine which may extend to three thousand rupees but not be less than one thousand rupees or with both.

Punishment for abetment of offences.

9. Whosoever abets any offence punishable under this Act shall be punishable with the punishment provided for such offence.

Assault etc. on Superintendent and or Invigilator.

10. (1) Every Superintendent and every Invigilator of an examination centre shall be deemed to be a public servant within the meaning of Section 21 of the Indian Penal Code during the course of examinations and for a period of one month prior to the commencement of and six months immediately following such examination or examinations.

(2) An assault on, or use of criminal force to a Superintendent and or an Invigilator of an examination centre during the period mentioned in sub-section (1) above shall be deemed to be an obstruction voluntarily caused to a public servant in the discharge of his public functions and shall be punishable under section 186 of the Indian Penal Code.

Offences to be cognizable and non-bailable.

11. Notwithstanding anything contained in the Code of Criminal Procedure, 1973 all offences under this Act shall be cognizable offence and shall be non-bailable.

Provided that any person who has not attained the age of 18 years, when arrested shall be released on bail.

Offences to be tried summarily.

12. All offences under this Act shall be tried in a summary way by any Judicial Magistrate of the First Class and the provisions of Sections 262 to 165 (both inclusive) of the Code of Criminal Procedure, 1973, shall, as far as may be, apply in spirit.

STATEMENT OF OBJECTS AND REASONS

Cases of Malpractices at Public Examination conducted by the Universities, Boards and other specified authorities in many States of the country have increased enormously in recent years. Govt. of India and the Conference of Boards of Secondary Education in India strongly feel the need to fight this menace to achieve the fair and high standard of Public Examination. As such, many States in India have enacted Laws on prevention of malpractice at Public Examinations conducted by the University, Board and other specified Examinations.

Although cases of Malpractices at Public Examinations conducted by the University, Board of other specified authority in Mizoram, are not very alarming today, yet it is apprehended that such cases are bound to increase in the future. As malpractice resorted to at any Public Examination are bound to effect the fair and high standard required of any Public Examination, and in the case of our state, which is a very small one and very young at that, it is felt that the authorities to conduct Public Examination should be adequately armed against Malpractice at Public Examination, from the time question sets are prepared right through till the results are published/announced so that the examination conducted by them should be fair and of high standard. Unless adequate law is provided not only the fair name of the conducting authorities of Public Examination but that of Government of Mizoram may be tarnished. This bill provides further adequate prevention against dishonesty in keeping Answer Scripts and Question papers at various stages of examination process. It is needless to state that apart from officials of conducting authorities, many other non-officials connected with examination shall come under the purview of this bill.

Since the future of Mizoram and the career of all students are intricately involved in the examination process, it is most necessary that utmost high standard is achieved in our public examinations.

Hence the Bill.

Sd/-
Minister,
i/c Education & Human
Resources Development Department.

FINANCIAL MEMORANDUM

The Bill to curb and counter any malpractice which may occur in the course of preparation, examination process and evaluation is proposed for enactment urgently for Mizoram.

In this respect, Financial involvement on the part of Government of Mizoram in the form of execution or enforcement will be NIL. The agency to implement this law will be always and autonomous body and the bill is designed to help in achievement of high standard of Examination in the State of Mizoram.

Minister,
i/c Education & Human,
Resources Development Department.

THE MIZORAM PREVENTION OF MALPRACTICE AT EXAMINATION BILL, 1990

CORRIGENDUM

The words "fails to discharge the duties assigned to him/her honestly or" should be inserted between the words "results" and "refuses" appearing in the 8th line of clause B.

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